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ABSTRACT

In 1983, the California State Legislature passed Senate Bill 947 which authorized a statewide Youth Suicide Prevention School Program, including provisions for staff training, parent awareness, and a classroom curriculum. This document contains the four guides of the Youth Suicide Prevention School Program. The first guide, the Implementation and Resource Guide, is for all school staff and includes an overview of the youth suicide prevention program; information on how to organize a suicide prevention program in school; guidelines for developing school suicide prevention policies and procedures; and relevant resources, including lists of selected readings for adolescents and adults, audiovisual resources, and suicide prevention centers in California. The Lesson Guide is a complete curriculum consisting of a five-lesson unit on youth suicide prevention. It includes an overview of the curriculum, a discussion of special concerns in teaching suicide prevention, lesson goals and objectives, instructions for lesson preparation, complete lesson plans, student worksheets and materials, and supplementary activities. The Guide for Staff Awareness In-Service Training includes detailed guidelines on how to conduct suicide prevention inservice programs for school personnel. The Guide for Parent Awareness Meetings includes guidelines on how to conduct a parent meeting about youth suicide prevention. (NB)

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Suicide Prevention Program for California Public Schools

C6 020448

Implementation and Resource Guide

Lesson Guide for Grades 9–12

Guide for Staff Awareness In-Service Training

Guide for Parent Awareness Meetings

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CALIFORNIA STATE DEPARTMENT OF EDUCATION
Bill Honig, Superintendent of Public Instruction
Sacramento, 1987

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Suicide Prevention Program for California Public Schools

- Implementation and Resource Guide
- Lesson Guide for Grades 9–12
- Guide for Staff Awareness In-Service Training
- Guide for Parent Awareness Meetings

Prepared under the direction of
School Climate Unit
Instructional Support Services Division
California State Department of Education

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PREFACE

This curriculum grew out of the experiences of many people throughout California who have been working to prevent suicide among young people. Efforts of a strong network of committed individuals and organizations encouraged the State Legislature to pass Senate Bill 947 (1983), which authorized a statewide Youth Suicide Prevention School Program. This program began on July 1, 1984.

The Legislature mandated that the Youth Suicide Prevention School Program be a statewide suicide prevention effort that included provisions for staff training, parent awareness, and a classroom curriculum. Consequently, demonstration sites were established in two counties that have a long history of active programs in teenage suicide prevention: San Mateo and Los Angeles. In these two counties, the suicide prevention centers worked closely with the county offices of education to develop and field-test the program materials.

The State Department of Education, Office of School Climate, held community meetings at ten locations throughout California to solicit suggestions from parents, teachers, teenagers, and school administrators. A first draft of the curriculum was tested in classrooms in Los Angeles and San Mateo counties. Workshops were held in four counties to introduce the program to school staff members. Feedback from the staff was incorporated in the final revision of the materials.

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Content for the program was provided by Charlotte Ross of the Suicide Prevention and Crisis Center of San Mateo County and by Dr. Michael Peck of the Suicide Prevention Center in Los Angeles.

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The first draft was written by Dr. Emily Garfield of Project Pegasus, Palo Alto, Elise Stone, and Mary Armen. A second draft was written by Lisa Hunter and Dr. Donna Lloyd-Kolkin of Health & Education Communication Consultants, Menlo Park. Joan Haskin, Health Education Specialist of the San Francisco Unified School District, reviewed the curriculum during its development. Contributions were also made by by Dori White, Blue Carreker, and Ken Oliver, consultants to the Suicide Prevention and Crisis Center of San Mateo County, and by Dr. Frank Nelson of the Los Angeles Suicide Prevention Center. Dr. Bruce Mussell of the Suicide Prevention and Crisis Center of San Mateo County edited the final draft.

We would also like to acknowledge the feedback and enthusiastic contributions of school staff members and students in northern and southern California who participated in testing of the materials and who helped us accomplish our goals.

Suicide Prevention Program for California Public Schools

Implementation and Resource Guide

CALIFORNIA STATE DEPARTMENT OF EDUCATION
Bill Honig, Superintendent of Public Instruction
Sacramento, 1987

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TABLE OF CONTENTS

USING THE SUICIDE PREVENTION PROGRAM MATERIALS

Implementation And Resource Guide v
Lesson Guide v
Guide for Staff Awareness In-service Training . vi
Guide for Parent Awareness Meetings vi

ORGANIZING A SUICIDE PREVENTION PROGRAM IN YOUR SCHOOL

The Need For a Youth Suicide Prevention School Program 1
A. The Problem of Youth Suicide 1
B. The Need for a School Curriculum . . . 1
C. Community Concerns About Youth Suicide . 2
D. School and Staff Liability 2
Starting Your Program 3
A. Administrative Issues 3
B. Teaching Issues 3
C. Curriculum Issues 4
D. Staff Awareness Issues 4
E. Counseling Issues 5
F. Peer Counseling Issues 5
G. Parent Awareness Issues 6

DEVELOPING A SUICIDE PREVENTION POLICY FOR YOUR SCHOOL

Professional Liability 7
Suicide Prevention Policy 8
Procedures for Preventing Suicides 8
A. Recognizing Students at Risk 8
B. Recognizing Warning Signs 10
C. Preparing for a Crisis 13
D. Dealing With a Suicide Threat 14
1. Evaluate the Degree of Risk . . . 14
2. Avoid Secrecy 15
E. Helping a Suicidal Student 16
Procedures for Intervening in a Crisis . . . 18
1. Low Risk for Suicide 18
2. High Risk for Suicide 21
3. Suicide Attempts 22
Procedures For Helping a Student Return After Attempting Suicide 23

Procedures for Dealing With a Suicide 23
A. Designate One Person To Be In Charge . 23
B. Get Outside Help 23
C. Designate a Spokesperson 24
D. Call Staff Members Together 24
E. Disseminate Factual Information . . . 24
F. Deal with Students' Reactions 25
G. Plan Memorials 25

REFERENCES 26

RESOURCE MATERIALS
Selected Readings for Adults 29
Selected Readings for Students 33
Selected Audiovisual Resources 39
Suicide Prevention Centers in California . . . 45

INDEX 49

USING
THE YOUTH SUICIDE PREVENTION SCHOOL PROGRAM
MATERIALS

The Youth Suicide Prevention School Program materials include four guides:

1. This **IMPLEMENTATION AND RESOURCE GUIDE** is for all school staff and employees. It includes:

   * This overview of the youth suicide prevention program
   * Information on how to organize a suicide prevention program in your school
   * Guidelines for developing school suicide prevention policies and procedures
   * Resources, including lists of suggested readings (fiction and nonfiction for adults and teenagers) on suicide and suicide prevention, audiovisual resources, and suicide prevention centers in California

2. The **LESSON GUIDE** is a complete curriculum--a five-lesson unit on youth suicide prevention. It includes:

   * An overview of the curriculum
   * A discussion of special concerns in teaching suicide prevention
   * Lesson goals and objectives
   * Instructions for lesson preparation
   * Complete lesson plans
   * Student worksheets, handouts, and quizzes
   * Supplementary activities for extending and enriching the curriculum

3. The GUIDE FOR STAFF AWARENESS IN-SERVICE TRAINING includes detailed guidelines on how to conduct suicide prevention inservice programs for school personnel:

* A complete plan for the in-service training meeting including a review of important issues to discuss
* A sample in-service training announcement and agenda
* A quiz for staff to complete and discuss at the beginning of in-service training
* A handout for staff that summarizes the problem of teen suicide, how to identify students at risk, and how to help a suicidal teenager
* A handout for staff which includes information on how to approach potentially suicidal students
* A handout that lists resources available in the community to help suicidal young people
* A list of supplementary activities
* An in-service training evaluation form

4. The GUIDE FOR PARENT AWARENESS MEETINGS includes guidelines on how to conduct a parent meeting about youth suicide prevention:

* A complete plan for the meeting featuring information about important issues to discuss
* A sample letter of invitation and suggested agenda
* A handout for parents that summarizes the problem of teen suicide, how to identify youngsters at risk, and how to help a suicidal teenager
* A handout that lists resources available in the community to help young people in crisis
* A list of supplementary activities
* A meeting evaluation form

ORGANIZING
A SUICIDE PREVENTION PROGRAM
IN YOUR SCHOOL

The Youth Suicide Prevention School Program is designed to help you reduce the incidence of suicidal behavior in your school's students and to assist you in coping effectively with suicidal crises. As such, the program requires a schoolwide planning effort. This section of the Implementation and Resource Guide will help you answer many of the questions that may come up as you organize your school's program.

The Need For a Youth Suicide Prevention School Program

A. The Problem of Youth Suicide

Teenage suicide has risen dramatically in recent years. Suicide is now the second leading cause of death among young people 15 to 24 years of age. Only accidents--many of which may actually be suicides--are a more common cause of deaths among teenagers. This year, about 5,000 adolescents will take their own lives (National Center for Health Statistics, 1984); another estimated 500,000 will attempt suicide.

B. The Need for a School Curriculum

Teenage suicide has not yet come out of the closet; it's still a topic that young people are reluctant to talk about for fear their thoughts and feelings will be ridiculed. But suicide is on their minds. In fact, when surveyed anonymously, up to 60 percent of high school students reported having suicidal thoughts or intentions, and many of them had actually planned suicide (Smith and Crawford, 1986).

It is quite likely therefore that you or someone else in your school has experienced the suicide or attempted suicide of a student. It is also highly likely that some of the students in your classes are struggling with feelings of despair that could lead them to consider suicide as a way of dealing with their problems. These students can be helped to:

* Understand how feelings of depression, despair, and desperation can lead to suicide.
* Identify alternatives to suicide and use new coping skills.
* Recognize the warning signs of suicidal intentions in their friends.

* Follow a four-step procedure in helping a suicidal friend.

* Identify where teenagers can get help: community resources for suicide prevention and crisis intervention.

C. Community Concerns About Youth Suicide

Understandably, communities across the state are alarmed about the problem of youth suicide. People are looking to us, as educators, to provide solutions. Some of them want us to take assertive action to reduce the risk of suicide. They want an active suicide prevention program. Others fear that by talking about suicide, we will make it happen. They worry about putting ideas into the heads of impressionable youth or opening up feelings that teenagers can't deal with.

In truth, the evidence suggests that suicide is already on the minds of many students, and NOT talking about it creates barriers for young people who are trying to understand what they are feeling. Further, talking about feelings in a caring, warm, and direct way with youngsters who are depressed or suicidal can be one of the most effective means of preventing suicide.

While parental permission for students to learn about suicide prevention is not required in California, you may find it helpful to let parents know what their children are learning in this curriculum. Having a parent meeting helps you to:

* Inform parents about teenage suicide.

* Help allay parent and community concerns.

* Introduce your school's suicide prevention program.

* Answer parents' questions.

The Guide for Parent Awareness Meetings is a valuable resource to use in planning and conducting a parent meeting.

D. School and Staff Liability

In light of various lawsuits brought by parents against their children's schools (see "Professional Liability," page 7), there may be an important legal incentive for a school to offer a suicide prevention program to students and staff.

Starting Your Program

Getting a suicide prevention program started requires the active involvement of administrators, teachers, counselors, school psychologists, school nurses, members of parent-teacher-student organizations, and parents. Informing and involving everyone maximizes the chances for program success and minimizes misunderstandings.

A. Administrative Issues

Active involvement of school administrators is critical in establishing and implementing an effective youth suicide prevention school program.

The school principal and his or her administrative staff members need to become involved in planning a school suicide prevention policy and communicating it to staff members and parents. Administrative involvement indicates a commitment to suicide prevention, reduces the likelihood of a suicide or suicide attempt at school, and increases the effectiveness of staff response to a crisis.

B. Teaching Issues

The suicide prevention program can be taught by any school staff member. The lesson plans include background information, teaching strategies, and lists of resources to facilitate teaching in a variety of classroom situations. The materials have been designed to be self-managing.

* Anyone teaching the curriculum for the first time should take time to read "Special Concerns In Teaching About Suicide" in the introduction to the Lesson Guide.

* Some staff members may want to team-teach the program. One can take responsibility for presenting the lesson activities, the other for the observing students' reactions.

* Some staff members may feel reluctant to teach the curriculum. Suicide isn't an easy subject to deal with, although teaching about suicide prevention can be rewarding.

You may wish to contact the suicide prevention center nearest you to inquire about in-service training or to discuss difficult issues. If there isn't one in your area, contact the Suicide Prevention Center in Los Angeles, telephone 213-386-5111, or the Suicide Prevention and Crisis Center of San Mateo County, telephone 415-877-5604, for information about training opportunities. A list of suicide prevention centers in California may be found on page 45 of this guide.

C. Curriculum Issues

The topic of suicide touches the deepest human feelings of staff members and students alike. Suicide, depression, despair, risktaking, and grief are not easy to cope with in private life, much less to discuss in the classroom. But it's in the process of learning about suicide that suicidal feelings can be defused.

This suicide prevention program is designed to be integrated into many curriculum areas--health education, social studies, language arts, physical education, home economics, consumer education, or driver education.

> If your school uses the Health Instruction Framework for California Public Schools (Sacramento: California State Department of Education, 1978), you will find that the suicide curriculum fits best within content areas IV, "Mental and Emotional Health," and V, "Use and Misuse of Substances."

Because the early high school years are most often the time of greatest stress in a student's life, you may wish to consider including suicide prevention in classes taken by freshmen and sophomores. They're adjusting to a new school and experiencing new feelings of independence.

D. Staff Awareness Issues

The Youth Suicide Prevention School Program is intended to be comprehensive. This means that staff awareness training should occur while the curriculum is taught to students.

* The school counselor, school psychologist, school nurse, an interested teacher, or an outside mental health professional can be enlisted to conduct the staff training sessions. Ideally, this individual should have had experience with youth suicide.

* The Guide for Staff Awareness In-service Training is an excellent resource to help you plan and carry out an awareness training session.

Regardless of who conducts the staff awareness sessions, it's important that the school principal attend these meetings.

* His or her presence confirms the seriousness with which the school takes the prevention of teenage suicide.

* It is also an opportunity for the principal to hear staff concerns and to communicate the school's suicide prevention policies and procedures (see pages 8 to 25 of this guide).

E. Counseling Issues

School counselors, psychologists, and nurses have an important role to play in suicide prevention by:

* Identifying suicidal students

* Responding to what is likely to be an increased number of referrals when the curriculum is introduced

* Establishing a network of community resources to help suicidal students. (To be sure you have the help you need, visit, evaluate, and report to your administrator on the agencies available in your community.)

* In some cases, team-teaching the curriculum with teachers

F. Peer Counseling Issues

Peer counselors and support groups can provide the following special benefits to your suicide prevention program:

* They can reach students who are uncomfortable in "real" communication with adults.

* They can provide a very effective support system for their suicidal peers.

Ideally, peer counselors can assume the role of crisis intervention conduit. They can:

* Identify warning signs of suicidal behavior in teens.

* Make contact rapidly.

* Get a suicidal student to adult help.

Functioning in this manner, the peer counselors and support groups can provide invaluable assistance to school personnel and play an important role in reducing youth suicide.

When peer counselors are properly trained and given optimum professional backup, they can be extremely effective. One way to train peer counselors is to have them study the unit on suicide prevention contained in the Lesson Guide. This five-lesson unit provides detailed information on the nature and causes of teenage suicide, depression, stress, and substance abuse. It also includes guidelines for preventing suicide, responding to suicidal crises, and getting professional help.

* If the unit is being taught in one of your classes, arrange to have the peer counselors attend.

* If the curriculum is not currently being taught, the advisor to the peer counseling program may wish to teach the curriculum to the peer counselors as part of their regular training program.

If no school staff members are prepared to teach the curriculum, invite an expert from the local suicide prevention and crisis center, county mental health office, or other agency to speak to the students about teenage suicide. See page 45 of this guide for a list of suicide prevention centers in California.

G. Parent Awareness Issues

The Youth Suicide Prevention School Program is intended to be comprehensive; this means that a parent awareness meeting should be held just before the curriculum is taught to students.

* The Guide for Parent Awareness Meetings is an excellent resource to assist you in planning and conducting the meeting. The guide includes a letter of invitation to parents, an activity plan, handouts to duplicate for parents, and a meeting evaluation form.

  The school principal should attend the meeting and describe the school's suicide prevention policy and procedures.

DEVELOPING
A SUICIDE PREVENTION POLICY
FOR YOUR SCHOOL

Every school should have a school suicide policy that is regularly updated and communicated to school staff members and parents.

The key to protecting your students, your school, and yourself is to be sure you have a suicide prevention policy and procedures that you follow whenever a suicide situation occurs.

Professional Liability

As an educator, you have a legal and professional responsibility for the welfare of your students.

* You are obligated to report a direct suicide threat to the parents and to your administrator, who will then take appropriate action.

Concern about school and professional liability has arisen as a result of several lawsuits in litigation. Although the legal issues are far from settled and each case has its individual merits, a 1985 federal court decision (Kelson v. City of Springfield, Oregon 767 F2.d 651; Ninth Circuit Court of Appeals) held that the parents of a youth suicide may sue a school because the death allegedly resulted from inadequate training in suicide prevention.

In California, a suit is pending against a teacher for failing to inform the parents of a 12-year-old student after the teacher was allegedly told by the student that he intended to commit suicide. The suit was brought by the boy's parents after he committed suicide.

In light of potential legal actions, it is advisable for a school to provide student and staff training in teenage suicide prevention and to develop a suicide prevention policy.

You may wish to encourage your district to develop such a policy for districtwide implementation.

Suicide Prevention Policy

A school suicide prevention policy is designed to ensure the safety of students and protect the staff and school from litigation due to negligence. A sample policy statement follows:

* Staff members are expected to learn to identify warning signs of suicide, to assess the degree of risk, to take preventive precautions, and to report suicide threats to the appropriate authorities.

* Staff members have been issued a copy of the suicide prevention policy and procedures and are responsible for knowing and acting upon them.

The school suicide prevention policy and procedures should be reviewed with school staff members at the beginning of each school year.

Procedures for Preventing Suicides

As an educator--someone who cares for young people in so many ways--you have a unique and challenging opportunity to make a life-and-death difference in the life of a student. Maximize this opportunity by learning and adhering to the following procedures:

A. Recognizing Students at Risk

Although there's no such thing as a "suicidal type," some studies suggest that certain characteristics appear more frequently in young people at risk for suicide. Students who exhibit the following characteristics are at risk for suicide:

> The following list is repeated in the handout, WHAT STAFF CAN DO TO PREVENT SUICIDE on page 23 of the Guide for staff Awareness In-service Training:

* **STUDENTS WHO HAVE ATTEMPTED SUICIDE PREVIOUSLY**--even if their attempts did not seem very serious--may be at high risk for suicide, especially when the problems that originally led to a suicide attempt have not changed and they have not received help in dealing with their problems.

* **STUDENTS WITH LITTLE SELF-ESTEEM** may become suicidal. Their self-rejection is painful and humiliating. Worse, they may judge their own suicidal thoughts as weak, cowardly, or "crazy." It's a vicious cycle that can end in self-destruction.

* **SEVERELY DEPRESSED STUDENTS** may become suicidal. Depression can make us feel that life is not worth living. When that feeling strikes young people, they do not realize that it is temporary; consequently, there is always the danger that some further loss, failure, feeling of "not belonging" or of being "hopelessly lost" will precipitate a suicide attempt.

* **TEENAGERS IN TROUBLE** with the law, with parents, or with peers can become desperate in seeking a way out. They may even prefer death to facing consequences. These students are sometimes emotionally volatile, perform poorly in school, and act impulsively--in some instances, violently. They generally cannot seem to live up to what others expect of them at home or at school.

* **ABUSED, MOLESTED, OR NEGLECTED CHILDREN** often feel guilty, ashamed, isolated, and indifferent to life. They can become depressed and suicidal even though the abuse occurred several years earlier.

* **PERFECTIONISTS**--young people whose self-esteem comes largely from achievement--can become devastated over failure. They set high standards and have great expectations for themselves. They are anxious to do well at school and usually do. However, they underrate their own abilities and expect lower grades than they get. Their threshold for failure is low, so what may seem a small failure to others may be intolerable to a perfectionist.

* **GAYS AND LESBIANS**--young people who are struggling with or because of their sexual identity--appear to have a higher incidence of suicidal behavior than their heterosexual peers, perhaps because they are subjected to rejection, discrimination, or isolation from support networks.

* **UNNECESSARY RISK-TAKERS**--young people who choose high-risk sports, dare-devil hobbies, and other unnecessarily dangerous activities--may feel indifferent to life.

* **ABUSERS OF ALCOHOL OR DRUGS** are at risk for suicide. These chemicals frequently contribute to the problems and stresses that can lead to suicide. And studies show that about 50% of young people who commit suicide have a recent history of substance abuse.

* **LEARNING-DISABLED STUDENTS** appear to have a somewhat higher incidence of suicide than others. Things are more difficult for them; they may feel unaccepted, alienated from their mainstream peers, discouraged about their life, and hopeless about their future.

* **LONERS**--socially isolated students--frequently are unable to relate to others and to develop an adequate support system and safety valve for their feelings.

These characteristics of teenagers at risk for suicide appear in all social and economic groups, all kinds of families, and all areas of the country. These youths may be difficult to recognize among their peers because it is in their feelings that they are different from others their age.

B. Recognizing Warning Signs

Although a single, highly traumatic event can trigger a sudden suicide without warning, young people who are thinking about suicide almost always give signals in advance. The key to preventing suicide lies in our ability to recognize and respond to this cry for help. A list of warning signs follows:

> The following list is repeated in the handout, WHAT STAFF CAN DO TO PREVENT SUICIDE on page 23 of the Guide for Staff Awareness In-service Training:

* **A RECENT SUICIDE IN THE FAMILY.** A recent suicide in the family, school, or community greatly increases the suicide risk of survivors for several reasons, including unbearable grief, depression or guilt over the loss of a loved one, a fear of mental illness, or a notion that suicide presents an option, a way out of an unwelcome and painfully unhappy situation.

* **SUICIDE THREATS.** Most teenagers give clues to their suicidal thoughts, such as making direct statements about their intentions or less direct comments that they might as well be dead or that their family and friends would be better off without them. Suicide threats or hints should always be taken seriously; they are a very real sign of danger.

* **TRAUMATIC EVENTS.** In some instances, a crisis occurs that can plunge a teenager into immediate despair and result in a suicidal act with little warning other than the event itself. These crises usually involve a sudden loss of self-esteem and a feeling that it is impossible to face tomorrow. Such a crisis may not necessarily appear serious to adults.

* **RECENT LOSSES.** Significant losses, major disappointments, and humiliation are misfortunes that adults learn to handle. However, for adolescents these events can be devastating and can overtax their developing coping skills. Examples of such losses include the death or divorce of parents, breaking up with a girlfriend or boyfriend, losing a close friend or friendship, being cut from an athletic team, receiving bad grades, failing to achieve a goal, and so forth. Any one of these events can contribute to suicidal thinking, particularly if more than one loss is sustained in a short period of time.

* **SUDDEN CHANGES IN SCHOOL BEHAVIOR.** Be alert for the following warning signs that you may observe in or outside the classroom:

  * Abrupt changes in attendance. Remain alert to excessive absenteeism in a student with a good attendance record, particularly when the change is sudden.

  * Dwindling academic performance. Question any unexpected and sudden decreases in school performance. Inability to concentrate, which leads to poor performance, is frequently found in suicidal adolescents.

  * Sudden failure to complete assignments. This failure is often seen in depressed and suicidal students.

  * Lack of interest and withdrawal. It is difficult to observe subtle individual changes in a classroom full of students. However, one of the first signs of a potentially suicidal adolescent is general withdrawal, disengagement, and apathy. You may notice a sudden lack of interest in extracurricular clubs or sports activities.

  * Changed relationships with classmates. Additional evidence of personal despair may be abrupt changes in friendships and social relationships.

* Increased irritability or aggressiveness. Depressed, stressed, and potentially suicidal individuals demonstrate wide mood swings and unexpected displays of emotion.

* Preoccupation with death and suicide. Sometimes warnings take the form of a preoccupation, such as writing death poems or filling sheets of paper with sad or macabre drawings. The students may show intense interest in themes such as death or dying, suicide, worthlessness, or hopelessness.

* Despairing attitude. Students may make comments to others about being unhappy, feeling like a failure, not caring about anything, not caring about the future, or even not caring about living or dying.

* **SUDDEN CHANGES IN PERSONALITY OR ATTITUDE.** The shy student who suddenly becomes a thrill-seeker or the outgoing person who becomes withdrawn, unfriendly, and disinterested may be giving signals that something is seriously wrong. Other observable changes include such classic signs of depression as sleep disturbances, lack of interest in the opposite sex, loss of appetite, loss of weight, neglect of school work, and long periods of solitude.

* **SUDDEN CHANGES IN APPEARANCE.** Students who suddenly no longer care about their appearance or cleanliness may be signaling that they've given up caring about life.

* **HEAVY USE OF ALCOHOL OR OTHER DRUGS.** Heavy alcohol and drug users are likely to be depressed youngsters who are seeking relief from their painful feelings. At first, these chemicals may help relieve the depression and suicidal thinking. Eventually, alcohol and drugs contribute to a greater depression and added feelings of worthlessness. In addition, heavy alcohol and/or drug usage can lead to reckless, impulsive behaviors such as careless driving at high speeds.

* **MAKING FINAL ARRANGEMENTS.** Giving away prized personal belongings can be a particularly serious sign. In effect, the young person has made or is executing a will.

Since almost all teens engage in rapid mood swings, it is sometimes difficult to differentiate between normal adolescent behaviors and those that indicate something is seriously wrong. If you notice a pattern of signs and if they last for a long period of time, you need to take action.

C. Preparing for a Crisis

Feeling a bit inadequate in dealing with a suicidal teenager is normal: You may ask yourself, "Will I make the right decisions?" "Will I spot the clues in time?" or "Will I overreact or underreact at a critical moment?" When the stakes are so high, you want to do your best. Fortunately, there's a lot you can do to maximize your professional effectiveness in a crisis, including the following:

* Learn about suicide prevention. Take time to learn the facts about suicide and acquire skills in working with suicidal young people. In addition to reading this manual, study on your own. Consider taking volunteer training at your local suicide prevention or crisis center. Talk with experts in your community. Make plans to view some of the films and read some of the literature suggested in the "Resources" section of this guide.

* Know your school's suicide prevention procedures. Each staff member is responsible for consulting his or her copy of the school's policies and procedures on suicide prevention.

* Prepare a resource network. Talk with the people on whom you'll need to rely in a crisis--your school psychologist or counselor, the on-call medical emergency team at your local hospital, the crisis team at your county or city mental health department, the juvenile officers at your local police department, and the staff of a suicide prevention center.

  It is critical to identify these resources and interview their staffs in advance. This will give you an opportunity to evaluate whether the agencies are appropriate for your students and to learn each agency's procedures so you can react quickly in a crisis.

  Meet these people and tour their facilities so you'll know what they offer and what their requirements are. In an emergency, it's best to rely on people with whom you've already established a professional relationship.

* Examine your own feelings about suicide and suicidal young people. Most people are ambivalent and anxious about suicide. Being aware of your feelings helps prepare you to act appropriately during a suicidal crisis.

Most of us have erected defenses of denial so that we won't have to feel responsible or guilty. Denial may lead you to underestimate the seriousness of a suicide threat. Being aware of whatever feelings you have about suicide can help you prepare to deal with a student's suicidal behavior.

* Learn appropriate ways to talk about suicide with students. Many people have the mistaken impression that bringing up the subject with young people will actually put ideas into their heads or precipitate a suicide. In truth, not talking about suicide can create barriers that prevent them from getting the help they need. Talking about suicidal feelings with compassion does not mean condoning suicidal actions.

D. Dealing With a Suicide Threat

If a student has threatened suicide directly or indirectly or if you suspect suicidal intentions, the following two steps are recommended:

1. Evaluate the degree of risk.

To find out how serious a student's risk for suicide is, staff members need to ask direct and open questions.

> Asking direct questions about suicide doesn't put ideas into students' heads. As many as 60 percent of students surveyed anonymously reported they've had thoughts and intentions about suicide, many to the point of planning it. (Smith and Crawford, 1986)

By asking the following series of questions that move progressively closer to the actuality of suicide, you can estimate the degree of risk. (This is called "assessing lethality.") Most people who have thought seriously about suicide have had these thoughts and are not at all surprised to hear such questions as the following:

Be sure to put them in your own words so that they are sincere.

* "Are you feeling unhappy most of the time?"

* "Is this feeling of unhappiness so strong that sometimes you wish you were dead?"

* "Do you sometimes feel that you want to take your own life?"

* "Have you thought about how you'd do it?"

* "When do you think you are going to do this?"

* "Do you have the means to do it?"

If the student clearly expresses an intention to kill himself or herself, the situation is EXTREMELY SERIOUS. The "lethality" becomes greater if the student has:

* A plan for <u>how</u> to commit suicide

* A plan for <u>when</u> to commit suicide

* The means (gun, pills, and so forth) to do it

2. Avoid secrecy.

Suicidal teenagers often have very little self-esteem. Their fear of humiliation and rejection ranks with their fear of death. They don't want other people to know they're feeling suicidal. <u>They want you to keep their secret</u>--at all costs.

* **Do not keep** a suicide plan a secret, however much a student implores you to keep it confidential. Find out who or what the youth fears if the suicidal intentions are revealed. Then try to agree on who is "safe" and can be trusted with the information.

* **Do not wait** to notify the appropriate individuals. After all, you'd rather have a student angry with you for violating confidentiality than dead because you failed to report his or her suicide plans.

E. Helping a Suicidal Student.

You can help a suicidal teenager if you LISTEN, BE HONEST, SHARE FEELINGS, and GET HELP.

> The following list is repeated in the handout, WHAT STAFF CAN DO TO PREVENT SUICIDE on page 23 of the Guide for Staff Awareness In-service Training:

* **LISTEN.** The single most common complaint of teenagers concerning adults is that they don't listen. Staff members may be so eager to solve a student's problem that they offer the solution before they really understand the problem or the feelings behind it.

Listening is a door-opener. When you listen carefully for the words and the feelings behind the words, you communicate two very important messages: you take the student's problems seriously and you care enough to want to help.

Unfortunately, the first step is often the most difficult. Asking "What's wrong?" may be met with a shrug and a muttered "Nothing." It's important not to give up at this point; teenagers have to be convinced that someone is really concerned and cares before they will talk about their feelings.

Questions that truly indicate a desire for information, seek clarification, or reach out for feelings are the most effective.

Once a teenager starts talking, try to listen without making judgments or giving advice. The tone should be sympathetic and supportive.

Interested questions are helpful, but statements that begin, "Why didn't you ...?" are not because they tend to steer the conversation toward blame and shut down communication. Statements such as "You'll get over it soon" imply that you don't take their problems seriously.

Be alert for words and phrases that suggest suicidal intent. Statements such as the following may be meant quite literally:

> "I'd rather die than go back to school."
>
> "I can't take it any more!"
>
> "Everybody would be better off if I wasn't even around."

The way to find out if a teenager is suicidal is to ask. This will not "put the idea in his or her head." Rather, it can be a relief to talk about it. In fact, NOT talking about his or her suicidal feelings robs a young person of the chance to reach out and get help.

* **BE HONEST.** Teenagers have a high regard for honesty and directness, especially in adults. Teenagers are not many years away from the devastating honesty of childhood, and they feel contempt for many of the white lies or evasions with which adults smooth their lives.

Honesty applies particularly to feelings. If you tell students you're not angry when your actions show you are, they may decide that you can't be trusted.

* **SHARE FEELINGS.** Communication should be a two-way street. Teenagers are reluctant to discuss their failures, disappointments, or feelings of depression with adults who appear never to have failed or experienced doubt and depression.

Talking about your own feelings is not always easy; it's difficult to open up and express feelings such as:

> "I feel anxious when I see that you're unhappy and I don't know why."
>
> "Talking about suicide makes me feel uncomfortable; it scares me."
>
> "I remember when I thought my whole world had collapsed and I believed that if I told my father, he'd get angry with me."

When staff members let their students see that they, too, are vulnerable and that they can talk about it, teenagers can learn from this modeling behavior that "failures" don't mean the same thing as "being a failure."

Preventing Suicide

* **GET HELP.** When a student threatens suicide, it is safest to enlist the help of a professional, such as the school counselor, a mental health worker, or crisis center counselor who specializes in helping adolescents. Be sure to identify these resources ahead of time so that you're prepared for a crisis.

If the situation is explosive--an immediate emergency--other people should be brought in as fast as possible: the school psychologist, members of the family, clergy, or the police.

In summary, the four important principles of suicide prevention are: listen, be honest, share feelings, and get help. (These are the same four steps taught to students for helping a suicidal friend.)

And remember, whenever you're in doubt about what to do, recall what helped you at times of crisis in your own life.

Procedures for Intervening in a Crisis

The procedures for intervening in a suicidal crisis depend on whether you have determined the risk to be low or high.

1. If the student is at LOW RISK for suicide, use the following guidelines:

A suicidal student should be observed carefully and evaluated frequently.

* Alert staff members to look for suicidal signs in this student.

* If any suicidal signs or symptoms are noticed, inform the other staff members and the principal immediately.

* Do not agree to keep a student's suicidal intentions a secret. You have a legal and professional responsibility not to honor confidentiality in any situation where not reporting might cause harm to a student.

* Notify a suicide prevention or crisis center, a hospital emergency room, a psychiatrist or psychologist, or a police juvenile officer who can provide expert assistance to the school and the parents.

* Protect the privacy of the student and family. Prevent unauthorized release of information about a suicidal student and take steps to prevent the spread of rumors. Protecting confidentiality is advisable from an ethical, legal, and therapeutic point of view.

* Contact the parents. If they are known to be concerned and cooperative, they should be contacted at once by the principal or other person in charge. Discuss your observations and recommend professional help.

  If the parents are known to be unconcerned or uncooperative, you may prefer to contact a community resource agency or counseling specialist to seek assistance in working with the parents.

* Defuse the despair. In many cases, a suicidal crisis is precipitated by a <u>seemingly</u> minor circumstance. The individual may become so overwhelmed, overloaded, and frustrated that "everything" seems hopeless, pointless, and negative.

  > You can keep the straw from breaking the camel's back by sparking hope. For example, in answer to "I've tried everything" you can spark hope by suggesting, "Let's see what happens when I help you."
  >
  > You may prevent a suicide by helping the youth to refocus and to deal with those circumstances that are of immediate concern. "A lot of things are happening right now; let's begin to take charge by ... ."

* Identify triggers of suicidal feelings. Another way you can help is to guide a youth in identifying specific circumstances that might trigger a suicidal crisis--times when stress is the greatest and when the impulse

to inflict self-harm is the most acute. Situations involving conflict with parents, perceived (or real) rejection, disappointments, or losses can trigger intense rage or deep despair. Helping the person to pinpoint these critical times is the preliminary step in teaching students to control their impulses. As the situations are explored and the self-destructive responses identified, new ways of perceiving problems and solutions can be found.

* Explore new perspectives. In many instances, it's helpful to discuss new ways of thinking about problems before the problems themselves actually occur. For example, consider this maladaptive response to a problem:

> "I'm fed up with everything! I can't take it any more. The only way out of this mess is to kill myself."

You can broaden the youngster's perspective of the situation by suggesting other more productive ways of viewing the problem, such as:

> "I'm fed up with everything! I have to do something about this problem. I'm going to talk with _____ (a counselor, teacher, parent, clergy) and find a way to deal with it."

By shedding a new light on a problem, you can help a young person identify solutions other than suicide.

* Contact an agency or counselor. Confer with a trained professional in your school or community that can provide appropriate individual, group, or family therapy.

2. If the student is at HIGH RISK for suicide, use the following guidelines:

Take all suicide threats seriously! A suicide threat is to be handled as a PSYCHIATRIC EMERGENCY and potential medical emergency.

* Notify your principal immediately. He or she must notify the parents or legal guardians and describe the problem.

* Contact appropriate professional help: an emergency crisis team, a suicide prevention specialist, or police juvenile officers. State your name and position: the name, address, and phone number of the school: the name of the youth: and the present situation. Emphasize the urgency of the situation and request an assessment of the student.

* Under no circumstances should you allow the high-risk youth to leave the school without notifying your administrator and providing appropriate supervision.

* Designate a staff member to supervise the youth constantly and without exception until help arrives. VISUAL CONTACT SHOULD BE MAINTAINED AT ALL TIMES.

* Inform the suicidal youth that outside help has been called and describe what the next steps will be.

* If appropriate, mobilize the most mature and responsible students to help the suicidal youngster. Explain the situation and give them specific, limited tasks such as offering the hand of friendship and alerting the staff immediately if suicide is threatened.

* To avert a suicide attempt, consider making a "no-suicide pact" with the student--a personal agreement to postpone suicide a day or two until help can be found. Try to get a commitment that he or she will contact you or another agreed-upon person right away in the event of a crisis. (Phone numbers should be readily available.)

* Take precautions when transporting a student. It may be necessary to take a highly suicidal student to an appropriate agency such as the hospital emergency room or crisis counselor. Plan ahead by designating how the student will be transported and by whom.

* Follow up with the hospital or clinic. Stay informed about progress, plans for therapy, and the school's role in helping the youth upon release.

3. If the student ATTEMPTS SUICIDE use the following guidelines:

A suicide attempt is to be handled as a MEDICAL AND PSYCHIATRIC EMERGENCY.

* Respond with appropriate first aid and call for emergency medical assistance, if necessary.

* If the student has taken a drug overdose, find out what drug was taken and try to locate the container or needle. Give this information to the medical staff.

* Have another staff member call the school principal immediately. He or she will take steps to contact parents or legal guardians.

* Avoid transporting the youth to a hospital unless absolutely necessary. Wait for paramedics or the police.

* Follow up by calling the hospital to determine the disposition of the case.

Procedures for Helping a Student Return After Attempting Suicide

When a teenager who has attempted suicide returns to the classroom, it is a critical time for that individual as well as for the staff members and other students.

* Give the returning student the same help and consideration that you'd want if you were in the same situation.

* Talk with the youngster about his or her current feelings (humiliation, awkwardness, defiance, fear, depression, and so forth).

* Talk to other students about their feelings (compassion, resentment, anger, confusion, and so forth) and counsel them if necessary.

* Be aware of your own feelings (anxiety, sympathy, hostility, and so forth) and discuss them with other staff members.

Procedures for Dealing with a Suicide

If a suicide has occurred at your school, everyone needs to be prepared to help students, staff members, parents, and people in the community deal with their shock and grief.

A. Designate One Person To Be In Charge.

Normally, the principal of the school is named as the primary person in charge. There should always be at least one, preferably two, additional persons given the authority to act.

B. Get Outside Help.

It is strongly recommended that someone outside the school, such as a mental health consultant or suicide prevention specialist, be brought in to help the school plan its response.

* A list of suicide prevention and crisis centers may be found in the "Resources" section of this guide, page 45.

C. Designate a Spokesperson.

If a suicide occurs, you may receive telephone calls from parents, reporters, or community leaders for information about the suicide. Requests for information should be referred to a single spokesperson who has accurate information about the suicide or suicide attempt.

* Designate one person to represent the school and ask that no one else from the school provide formal public statements. The school principal and spokesperson should discuss with the suicide victim's parents which details about the death will be shared with outsiders.

* All staff members should be instructed in how to handle telephone calls and requests for information from people in the community.

D. Call Staff Members Together.

After a suicide, staff members will have many questions and concerns. They need a factual briefing and a chance to discuss their feelings. It's not uncommon for "caretakers" to deal with their grief by denying it and directing their energy to caring for others.

* A conference will help staff members deal with such feelings as grief, guilt, or anger and prepare them to deal effectively with the students.

* Some staff members may feel uncomfortable about discussing a suicide with students. Respect their feelings and provide alternative opportunities for students --a small group session with a counselor, for example.

* Try to avoid casting the deceased in the role of "villain" or "hero." Grieving and seeking to learn from the tragedy should be the focus of attention.

E. Disseminate Factual Information.

Promptly share factual information with staff members, students, parents, and the community. This is the best way to reduce the spread of rumors.

* You may wish to prepare a written statement about the death. Assure staff members and students that blame is not an issue and that the school is committed to learning from the suicide.

* Students, parents, and staff members should be given accurate, straightforward facts about the suicide as soon as possible. All students in the school should be informed simultaneously, if possible. Be sure to allow sufficient time for students to discuss their feelings following the announcement.

F. Deal with Students' Reactions.

A suicide or suicide attempt can trigger suicidal feelings in other students. Therefore, a special effort should be made to prevent "contagion" of a suicidal crisis:

* Avoid announcing a suicide over the school's public address system or, in most cases, in an assembly. It's better for the announcement to be made simultaneously in classes where a staff member can be present to handle students' concerns directly.

* Help students express their feelings about the suicide. For example, establish a group for friends of the deceased who need extra support.

* Talk with the students about their feelings; let them know that it's normal to feel not only grief but also fear, anger, and confusion.

* Provide opportunities for individual counseling for any student who appears to be having difficulties dealing with the suicide--especially youngsters who were close friends of the deceased. Consult with clinical staff members or suicide prevention specialists in the community.

G. Plan Memorials.

After a suicide, people feel the need to express their grief, say "goodbye," and do something as a memorial.

* Whether or not students wish to attend the funeral should be up to the students and their parents. You may wish to inform students who are interested in attending what is likely to occur at the funeral since this may be the first death in the lives of many students.

* Staff members and students also need to respond to their need to do something to prevent future suicides. Enlist their aid in identifying the hurts that led to the suicide and discuss ways to help other students cope with their feelings and problems.

* Special interest groups may grow out of students' need to do something to express their feelings. Assist the students in planning a living memorial. Working together on such a project helps them focus their grief, fears, and anger constructively.

* When choosing memorials, care should be taken not to romanticize or stigmatize the act of suicide.

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National Center for Health Statistics. 1986. Advance report of final mortality statistics, 1984. Monthly Vital Statistics Report, 35(6, Supplement 2).

North Marin Council PTA, Pressures on Youth, Novato, CA: 1985.

Peck, M.L., "Youth Suicide," Death Education, 1982. 6, 29-47.

Peck, M.L., Farberow, N.L., and Litman, R.E., eds., Youth Suicide, Springer Publishing Co., New York: 1985.

Ross, C.P., "Teaching Children the Facts of Life and Death: Suicide Prevention in the Schools," in Peck, M.L., Farberow, N.L., and Litman, R.E., eds., Youth Suicide, Springer Publishing Co., New York: 1985.

Smith, K., and Crawford, S. "Suicidal Behavior Among 'Normal' High School Students," in Suicide and Life-Threatening Behavior, 1986. 16(3), 313-325.

RESOURCE MATERIALS

for the

Youth Suicide Prevention School Program

SELECTED READINGS FOR ADULTS

on

Youth Suicide Prevention

Stress and Adolescence

Elkind, D. The Hurried Child: Growing Up Too Fast Too Soon. Reading, MA: Addison-Wesley, 1981.

LeShan, E. You and Your Feelings. New York: Macmillan, 1975. (Also appropriate for young adults.)

McCoy, K. Coping With Teenage Depression: A Parent's Guide. New York: New American Library, 1982.

Myers, I., and Myers, A. Why You Feel Down and What You Can Do About It. New York: Scribners, 1982. (Also appropriate for young adults.)

Suicide: Interpretation, Prevention, and Intervention

Alvarez, A. The Savage God: A Study of Suicide. New York: Random House, 1970.

The author was a friend of Sylvia Plath, who killed herself. The book begins with an account of her suicide and his interpretation of it.

Farberow, N.L., Ed. Many Faces of Suicide: Indirect Self-Destructive Behavior. New York: McGraw-Hill, 1979.

This book provides guidelines for recognizing and diagnosing tendencies toward self-destructive behavior.

Farberow, N.L., and Shneidman, E.S. The Cry for Help. New York: McGraw-Hill, 1961.

Finch, J.M., and Poznanski, E.D. Adolescent Suicide. Springfield, IL: Charles C. Thomas, 1971.

Forsythe, E., and Hyde, M. Suicide: The Hidden Epidemic. New York: Franklin Walls, 1978.

This book explores and helps clarify complex aspects of suicide. (Also appropriate for high school readers.)

Selected Readings For Adults

Friedman, P. On Suicide: With Particular Reference to Suicide Among Young Students. New York: International Universities Press, 1967.

Gibson, P. Gay Male and Lesbian Youth Suicide. Oakland: National Institute of Mental Health, Task Force on Youth Suicide, National Conference on Prevention and Interventions in Youth Suicide, 1986.

Giovacchini, P. The Urge to Die: Why Young People Commit Suicide. New York: Penguin, 1983.

This book includes a list of suicide prevention and crisis intervention agencies in the U.S.

Haim, A. Adolescent Suicide. Translated by A.M. Sheridan Smith. New York: International Universities Press, 1970.

This textbook illustrates many of the complex theoretical issues involved in explanations of suicide in adolescence.

Hendin, H. Suicide in America. New York: W.W. Norton, 1982.

This book examines personal and social factors contributing to suicide among Americans and demonstrates possibilities of successful treatment for the worst cases.

Hipple, J., and Combolic, P., Eds. The Counselor and Suicidal Crisis: Diagnosis and Intervention. Springfield, IL: Charles C. Thomas, 1979.

Jacobs, J. Adolescent Suicide. New York: Wiley, 1971.

Kiev, A. The Courage to Live. New York: Thomas Y. Crowell, 1979.

The author of this book headed the suicide prevention clinic at New York Hospital for ten years.

Klagsbrun, F. Too Young to Die: Youth and Suicide. New York: Pocket, 1981.

As part of her research, the author taped interviews with young suicide attempters to discover motivations. (Also appropriate for young adults.)

Lettieri, D.J., Ed. Drugs and Suicide: When Other Coping Strategies Fail. Beverly Hills, CA: Sage, 1979.

Mack, J.E., and Hickler, H. Vivienne: The Life and Suicide of an Adolescent Girl. Boston: Little, Brown, 1981.

This is an emotional autopsy of a 14-year-old suicide which highlights the gradual accumulation of pain and situational events. (Also appropriate for young adults.)

McIntire, M., and Angle, C. Suicide Attempts in Children and Youth. New York: Harper and Row, 1980.

Morey, R.H. Demystifying Homosexuality: A Teaching Guide About Lesbians and Gay Men. New York: Irvington Publishers, 1984.

National Clearinghouse for Mental Health Information. Child and Adolescent Suicide. Rockville, MD: U.S. Department of Drug Abuse and Mental Health Administration, National Institute of Mental Health, 1981.

Peck, M.L., Farberow, N.L., and Litman, R.E., Eds. Youth Suicide. New York: Springer, 1985.

Pfeffer, C.R. The Suicidal Child. New York: Guilford Publications, 1986.

Rabkin, B. Growing Up Dead. Toronto: McClelland and Stewart, Ltd., 1978.

Richman, J. Family Therapy for Suicidal People. New York: Springer, 1986.

Shneidman, E.S., Ed. On the Nature of Suicide. San Francisco: Jossey Bass, 1969.

Shneidman, E.S., and Farberow, N.L., Eds. Clues to Suicide. New York: McGraw Hill, 1957.

Shneidman, E.S., Farberow, N.L., and Litman, R.E. The Psychology of Suicide. New York: Science House, 1970.

Selected Readings For Adults

Sudak, H., Ford, A.B., and Rushforth, N.B., Eds. *Suicide in the Young*. Boston: John Wright/PSG, Inc., 1984.

Pamphlet

Ross, C. and Lee, A.R. *Suicide in Youth and What You Can Do About It*. Burlingame, CA: Suicide Prevention and Crisis Center, 1977.

SELECTED READINGS FOR STUDENTS

on

Youth Suicide Prevention

Nonfiction

Bernstein, J.E. Loss and How to Cope with It. Boston: Houghton Mifflin, 1981.

This story describes how the death of a loved one affects the survivors. Grades 6+.

Bolton, Iris. My Son, My Son. Atlanta GA: Bolton Press, 1983.

This is a mother's story of surviving the loss of her son to suicide. This book's message is one of realistic hope, reassurance, practical emotional support, and healing.

Bradley, B. Endings: A Book About Death. Reading, MA: Addison Wesley, 1979.

This book describes the physical and emotional aspects of different ways of dying, including suicide. Grades 7+.

Gordon, S. When Living Hurts. New York: Yad Tikvah Foundation (Union of American Hebrew Congregations, 383 Fifth Avenue, New York, NY 10021), 1985.

This is a warm and lively what-to-do book for anyone who feels discouraged, hopeless, depressed, or suicidal. It offers help to troubled teenagers and their friends by teaching them how to recognize and cope with feelings that, if ignored, might lead to suicide.

Joan, P. Preventing Teenage Suicide: The Living Alternative Handbook. New York: Simon & Schuster, 1985.

This book is described as "a treatment manual for young adults that encourages young people to talk about what they are feeling and to take each other's feelings seriously." It provides suggestions for teaching a five-session unit which covers the dynamics of suicidal feelings and depression, causes, warning signs, and clues, intervention procedures, and listening awareness.

Selected Readings For Students

Klagsbrun, F. Too Young to Die: Youth and Suicide. New York: Simon & Schuster, 1985.

In this book, scientific research, literary illustrations, and case examples are mingled with suggestions on how to talk with a suicidal person, calming him or her through a crisis and finding sources of help. Grades 7+.

Kubler-Ross, E. Remember the Secret. Millbrae, CA: Celestial Arts, 1981.

This book discusses important questions about life and death. There is sadness to the story but also great happiness and victory. Grades 7+.

LeShan, E. Learning to Say Good-By: When a Parent Dies. New York: Macmillan, 1976.

This is a nonfictional discussion of death of a parent, with many case histories. It focuses on the many feelings children have and may not share. There is one case history involving a suicide. Grades 5+.

LeShan, E. You and Your Feelings. New York: Macmillan, 1975.

This book discusses problems young people have with family, friends, and school. Grades 7+.

Mack, J.E., and Hickler, H. Vivienne: The Life and Suicide of An Adolescent Girl. New York: New American Library, 1981.

This journal consists of the writings and diary of 14-year-old Vivienne, discovered after her suicide. Combined with the insights of clinical psychiatrist Mack, it tell the story of her secret life and her heartbreaking death. Grades 9+.

Myers, I., and Myers, A. Why You Feel Down and What You Can Do about It. New York: Scribner, 1982.

This book discusses shifting relationships in a family, influence of companions, danger signals, and sources of help. Grades 7+.

Pamphlets

About Suicide Among Young People. Channing L. Bete Co. Inc., South Deerfield, MA 01373.

Adam and Alice's Magic Tips for Talking to Adults. Los Angeles County Office of Education, Downey, CA 90242.

Grief After Suicide. Mental Health Association of Waukesha County, Inc., 414 West Moreland Blvd., Room 101, Waukesha, WI 53186.

Suicide in Youth and What You Can Do About It: A Guide for School Personnel. Suicide Prevention and Crisis Center of San Mateo County, 1811 Trousdale Drive, Burlingame CA, 94010.

Suicide in Youth and What You Can Do About It: A Guide for Students. Suicide Prevention and Crisis Center of San Mateo County, 1811 Trousdale Drive, Burlingame CA, 94010.

Youth Suicide: Community Response to a National Problem. Youth Suicide National Center, West Coast Office, 1811 Trousdale Drive, Burlingame CA, 94010.

Fiction

Arrick, F. Tunnel Vision. Scarsdale, NY: Bradbury Press, 1980.

> In this story, the friends and family of a suicide victim grapple with feelings of confusion, anger, and guilt as they try to understand why a 15-year-old boy would want to take his own life.

Beckman, G. Admission to the Feast. New York: Dell, 1973.

> This book tells the story, through stream of consciousness writing, of a girl confronting her own death. Grades 7+.

Bridgers, S.E. Notes for Another Life. New York: Bantam, 1982.

> In this story, two teenagers, forced to cope with overwhelming crises in their family, discover the durability of love. Grades 7+.

Selected Readings For Students

Calvert, P. Hour of the Wolf. New York: Scribner, 1983.

In this book, a young man comes to terms with his own life after the suicide of a friend. Grades 7+.

Cleaver, V., and Cleaver, B. Grover. New York: New American Library, 1975.

This book tells of the confusion experienced by a child who must face the illness and suicide of a parent. Grades 5+.

Dragonwagon, C. The Year It Rained. New York: Simon and Schuster, 1985.

In this story, Elizabeth is 17 going on 30. She has a mother everyone wants, a father sliding into alcoholism, two lovers, and all the freedom in the world. She also has scars on her wrists and her soul. Her journey of discovery and courage brings meaning to her life as she faces the future on her own.

Elfman, B. A House for Jonnie O. New York: Houghton Mifflin, 1977.

This is the tale of a young man coming to terms with his own life after the suicide of a friend.

Ferris, J. Amen, Moses Gardenia. New York: Farrar, Straus & Giroux, 1983.

Virtually ignored by her alcoholic and workaholic father, Farrel suffers bouts of depression which worsen when she thinks her new boyfriend is not serious. Grades 7+.

Gerson, C. Passing Through. New York: Dial, 1978.

In this story, a high school girl must cope with her older brother's suicide. Grades 8+.

Green, H. I Never Promised You a Rose Garden. New York: Holt, Rinehart and Winston, 1964.

This is a novel of a young schizophrenic who is desperately self-destructive but fiercely intelligent. Her struggle is given added poignancy by her youth, wit, and courage. Grades 9+.

Guest, J. Ordinary People. New York: Penguin, 1982.

In this story, a young man attempts suicide after his brother drowns in an accident. The story depicts the pain of adolescent anxiety and fragile family relationships. Grades 9+.

Hale, J.C. The Owl's Song. New York: Doubleday, 1972.

This is a story about a young American Indian boy's struggle for self-worth as he deals with alcoholism and suicide. Grades 7+.

L'Engle, M. Camilla. New York: Dell, 1982.

After her mother's suicide attempt, a daughter realizes parents are fallible human beings. The story reveals an affirmation of the value of existence. Grades 7+.

L'Engle, M. A Ring of Endless Light. New York: Dell, 1980.

Vicky, 16 years old, experiences life's exhilarating highs and often overwhelming lows as she comes to terms with death as an affirmation of wholeness and life.

Luger, H. Lauren. New York: Dell, 1981.

Unable to solve the problems of an unwanted pregnancy, 17-year-old Lauren considers suicide. Grades 9+.

Madison, W. Portrait of Myself. New York: Random House, 1979.

Fifteen-year-old Catherine yearns for beauty and self-assurance, but when the teacher she adores rejects her drawings and recommends her expulsion, she attempts suicide. Grades 7+.

Miklowitz, G. Close to the Edge. New York: Dell, 1984.

Jenny Hartley takes the news of Cindy's suicide attempt seriously. When Cindy does kill herself, Jenny's association with a senior citizen group helps her put the death in perspective. Grades 7+.

Selected Readings For Students

Oneal, Z. The Language of Goldfish. New York: Fawcett, 1981.

Afraid of changing and growing up, 13-year-old Carrie suffers a nervous breakdown and retreats into her childhood world. Grades 6+.

Peck, R. Remembering the Good Times. New York: Dell, 1986.

Buck and Kate know their friend Tran is overwhelmed by the pressures in his life but never suspect that he might resort to suicide. Grades 7+.

Radley, G. The World Turned Inside Out. New York: Crown, 1982.

This story explores the efforts made by Jeremy and his family to cope with the stress and tragedy of a suicide.

Terris, S. The Drowning Boy. New York: Doubleday, 1972.

A series of painful events bring Jason to the brink of suicide, but he realizes in time he doesn't really want to die. Grades 6+.

Tolan, S. Grandpa and Me. New York: Scribner, 1978.

Kerry's grandfather begins acting strangely and eventually commits suicide. She can understand and remembers him with love. Grades 5+.

Walsh, J.P. Goldengrove. New York: Farrar, Straus & Giroux, 1972.

Madge discovers that some things in life cannot be fixed, that some hurts are too deep. In her anger and depression, she makes a suicide attempt. Grades 5+.

Zalben, J. Maybe It Will Rain Tomorrow. New York: Farrar, Straus & Giroux, 1982.

When Beth's mother committed suicide, she had to learn not only to accept her mother's death but also to live with her father, stepmother, and new baby. Grades 7+.

SELECTED AUDIOVISUAL RESOURCES

on

Youth Suicide Prevention

ABC Notebook: Teen Suicide. Produced by ABC; 20 minutes. Coronet/MTI Teleprogram, 108 Wilmot Road, Deerfield, IL 60015. (800) 621-7870.

This program preceded the airing of the film, "Surviving." It deals with the pressures and stresses of teenage lives and contains interviews with teachers, parents, and teenagers.

Adolescent Conflicts. (Filmstrip) Guidance Associates. (914) 666-4100.

This filmstrip features unique elements of life and psychological development, including anger, jealousy, achievement, and competition.

Adolescent Suicide: A Matter of Life and Death. (16 mm, color, 39 minutes) Forum, Ltd., 6512 Jay Miller Drive, Falls Church, VA 22041. $450 purchase, $25 review.

This film deals with the conflicts and crises of the suicidal adolescent. The aftermath of a suicide is explored and its impact on family and friends examined. The myths of suicide are discussed and steps toward prevention are addressed. The film is designed to raise questions that will lead to increased discussion and greater understanding of the problem. (An Instructor's Guide accompanies the film.)

Before It's Too Late. (16mm film or half-inch videotape; 20 minutes.) Walt Disney Educational Media Co., 3800 West Alameda Blvd, Suite 325, Burbank CA 91505: Attention Peter Sauers. Film, $489; Video, $367.

Using a dramatic approach, this film relates the story of a depressed, suicidal high school student. The film shows some of the causes of suicidal feelings, common reactions by others, the fear of not knowing how to help, and the support process.

Selected Audiovisual Resources

But He Was Only Seventeen: The Death of a Friend. (Filmstrip) Sunburst Communications, Room S-5757, 39 Washington Avenue, Pleasantville, NY 10570. (800) 431-1934. Three filmstrips, three cassettes, teacher's guide: $149.

The death of a 17-year-old killed in an auto accident raises questions about death and mourning, including reactions and the stages of grief. Three-part filmstrip. Part I: Stages of Grief; Part II: Learning to Mourn; Part III: Reinvesting in Life.

But Jack Was A Good Driver. (16 mm, 20 minutes) CRM/McGraw Hill Films, Delmar, CA 92014.

Two teenage boys discuss the events surrounding the death of their good friend as they leave his funeral. They offer each other support as they realize they missed or ignored the clues and warning signals of a possible suicide. An excellent beginning for discussion.

Case of Suicide. (16 mm, 30 minutes) Time-Life Films, Inc., 43 West 16 Street, New York, NY 10011. $25 rental.

This study of a 17-year-old wife and mother who committed suicide examines the cause of her action through interviews with those close to her and discusses what could have been done to help her.

Childhood's End: A Look at Adolescent Suicide. (16 mm, 28 minutes) Filmmakers Library, 133 East 50 Street, New York, NY 10022.

This film uses examples of three suicidal youngsters to explain suicide. Two of them survive and discuss their attempts and problems; the third is dead, but his story is told by family and friends.

Did Jenny Have to Die? Preventing Teen Suicide. (Filmstrip or videocassette) Sunburst Communications, Room S-5757, 39 Washington Avenue, Pleasantville, NY 10570. (800) 769-5030. $149, three filmstrips, three cassettes, teacher's guide. $159 one videocassette, teacher's guide (Beta II, VHS). $179, U-Matic.

Jennifer is 16, pretty, bright, popular, talented--and a suicide. This film presents an in-depth discussion of warning signs and ways of preventing this second-leading cause of adolescent death. Part I: Road to Nowhere; Part II: Behind the Smiles; Part III: A Foundation for Living.

Do I Really Want to Die? (16 mm, 31 minutes; in Dutch, English subtitles) Polymorph Films, 118 South Street, Boston, MA 02111.

In this film, a number of people who have attempted suicide speak of their behavior and feelings, and of the events leading up to their suicide attempts. They are ordinary people in stressful situations--a widow in poor health, a depressed student, a young woman who has broken up with a lover, and an older man who has lost his job.

Everything to Live For. (16 mm or video, 24 minutes) Simon and Schuster Communications, 108 Wilmot Drive, Deerfield, IL 60015. $450 film, $400 video, $70 rental.

Why do so many young people see this tragic alternative as the only solution to their problems? This documentary tells the stories of four young people who either attempted or committed suicide. The film increases awareness of the family and social pressures which often force teenagers to the brink and of the warning signals which usually precede a suicide attempt. Viewers also learn about the various organizations founded to help teens deal positively with their problems.

Help Me! The Story of a Teenage Suicide. (16 mm or video, 25 minutes) SL Film Productions, Box 41108, Los Angeles, CA 90014.

This "psychological postmortem" is well acted and will be credible to teenagers as well as to adults. Based on several actual case histories, the story neatly sums up the motivating factors that lie behind adolescent suicide and provides an excellent review of preventive techniques.

In Loveland: Study of a Teenage Suicide. (16 mm or video, 28 minutes) Simon and Schuster Communications, 108 Wilmot Road, Deerfield, IL 60015. $504 film, $455 video, $70 rental.

Why would an average boy take his own life at age 15? This intense, often painful film reconstructs the tragic course of events that ended in the death of Mark Cada of Loveland, Colorado. Interviews with Mark's family and friends underline the importance of attending to warning signs and becoming more sensitive to the needs of troubled teenagers.

Selected Audiovisual Resources

Inside, I Ache. (16 mm, 17 minutes). Mass Media Ministries, 2116 North Charles Street, Baltimore, MD 21218.

This film dramatizes the true story of a newspaper reporter who is troubled by a letter he receives from a young girl contemplating suicide. In an attempt to understand her despair before responding to her letter, he decides to investigate the story of another young girl who has already committed suicide. This program (produced by WVIZ-TV) helps teenagers to increase their awareness of the danger signs they might encounter with a troubled friend and offers suggestions for positive action and sources of support.

A Last Cry for Help. (16 mm or video, 32 minutes) Learning Corporation of America, Simon and Schuster Communications, 108 Wilmont Road, Deerfield, IL 60015. $450 film, $300 video, $45 rental.

Unable to talk with anyone about her feelings of depression, a seemingly popular teenage girl attempts suicide. When her parents deny that any problem exists, a psychologist helps the girl understand that things won't change until she takes control of her own life. The story offers an excellent illustration of how family therapy is conducted and how it works--or why it doesn't.

Reach Out for Life. (16 mm, 11 minutes) Filmmakers Library, 133 East 50 Street, New York, NY 10022.

This cartoon evokes questions on the motivation for suicide.

Ronnie's Tune. (16 mm or video, 18 minutes) Wombat Productions, Inc. (914) 762-0011.

Through the eyes of an 11-year-old girl, we see the effects of a teenager's suicide on her family.

Suicide At Seventeen. (16 mm or video, 18 minutes) Lawren Productions, Inc., Box 666, Mendocino, CA 95460.

This documentary examines 11 suicides in a middle-class California suburb and reviews the general problem of teen suicide and adolescent pressures.

Suicide: Causes and Prevention. (Filmstrip) Human Relations Media, 175 Tompkins Avenue, Pleasantville, NY 10570.

This film presents an overview of suicide in high school and college-aged students.

Suicide: It Doesn't Have to Happen. (16 mm, 21 minutes) BFA Educational Media.

This film illustrates the intervention role of the adult in prevention of youthful suicide by presenting an actual case in which a girl is guided to a rap group by a high school teacher who, himself, once attempted suicide. Negative feelings precipitating suicide, methods of dissipating them, and suicide warning signs are illustrated.

Suicide: Teenage Crisis. (16 mm, 10 minutes) CRM/McGraw Hill Films, Delmar, CA 92014.

This film documents the effort in San Mateo, California, a wealthy suburb of San Francisco, to open up the subject of suicide and to inform teenagers, parents and teachers of preventive measures that can be taken. Film originally produced by CBS News.

Suicide: The Warning Signs. (16 mm or video, 24 minutes) Coronet Films, Simon and Schuster Communications, 108 Wilmot Road, Deerfield, IL 60015. $525 film; $290 video; $70 rental.

Greg is accident-prone and repeatedly puts himself in physical danger. Carol has been a determined achiever but now is suddenly depressed and takes diet pills and sedatives. Curtis has been giving away his favorite possessions. The common warning signs of suicide and what family and friends should do about them are explored in this film.

Teenage Blues: Coping With Depression. (Filmstrip or video) Sunburst Communications, Room S-5757, 39 Washington Avenue, Pleasantville, NY 10570. $149, three filmstrips, three cassettes, teacher's guide. $159, one videocassette, teacher's guide (Beta II, VHS). $179, U-Matic.

This film introduces students to the causes and symptoms of depression and shows where and how to get help. Part I: Helping Yourself; Part II: When You Need Help; Part III: Helping Others Cope.

Selected Audiovisual Resources

Teenage Suicide. (16 mm or video, 16 minutes) MTI Teleprograms, Inc., Simon and Schuster Communications, 108 Wilmont Road, Deerfield, IL 60015. $275 film, $250 video, $50 rental.

This film includes interviews with teens and offers insights into their view of suicide as a viable option. Professionals in the field alert viewers to the warning signs that often precede a suicide attempt and emphasize the need for parents to listen to what their children are saying. The film also takes a look at the network of suicide prevention centers across the nation.

Teenage Suicide: Don't Try It. (16 mm or video, 48 minutes) Alan Landsburg Productions, 1554 Sepulveda Blvd, Los Angeles, CA 90025.

This comprehensive film on teenage suicide was filmed in settings across the country, including classrooms. Suicide prevention programs and efforts are well described.

Teenage Suicide: Is Anyone Listening? (16 mm, 22 minutes) Barr Films, 3490 East Foothill Boulevard, Pasadena, CA 91107.

This film focuses on how to listen to and help a potentially suicidal teenager.

Teens Who Choose Life: The Suicidal Crisis. (Filmstrip or video) Sunburst Communications, Room S-5757, 39 Washington Avenue, Pleasantville, NY 10570. (800) 769-5030. $149, three filmstrips, three cassettes, teacher's guide. $159, one videocassette, teacher's guide (Beta II, VHS). $179, U-Matic.

This series explores the special dynamics of teen suicide, through the moving stories of three teenagers who attempted suicide and survived. The film helps viewers understand the events and feelings that may precipitate a suicidal crisis. Part I: Keith Chooses Life; Part II: Gail Chooses Life; Part III: Erica Chooses Life.

SUICIDE PREVENTION CENTERS IN CALIFORNIA

Updated October, 1986

ARCATA
Arcata Contact Center
1068 I Street
Arcata, CA 95521
Crisis: (707) 822-5463
Business: (707) 822-8536
Hours Available: 24

ANAHEIM
Hotline Help Center
P.O. Box 999
Anaheim, CA 92805
Crisis: (714) 778-1000
Business: (714) 778-1000
Hours Available: 24

BERKELEY
Suicide Prevention/Crisis
Intervention of Alameda
County, P.O. Box 9102
Berkeley, CA 94709
Crisis 1: (415) 849-2212
Crisis 2: (415) 889-1333
Crisis 3: (415) 794-5211
Crisis 4: (415) 449-5566
Business: (415) 848-1515
Hours Available: 24

DAVIS
Suicide Prevention of Yolo
County, P.O. Box 622
Davis, CA 95617
Crisis 1: (916) 756-5000
Crisis 2: (916) 666-7778
Crisis 3: (916) 372-6565
Business: (916) 756-7542
Hours Available: 24

EL CAJON
Professional Community Svcs
125 West Main Street
El Cajon, CA 92020
Crisis: (619) 444-1194
Business: (619) 444-6506
Hours Available: 24

FRESNO
Contact Fresno
7172 North Cedar
Fresno, CA 93710
Crisis: (209) 298-2022
Business: (209) 298-8001
Hours Available: 24

FRESNO
Help In Emotional Trouble
P.O. Box 4282
Fresno, CA 93744
Crisis: (209) 485-1432
Business: (209) 486-4703
Hours Available: 24

FORT BRAGG
Crisis Line Care Project
461 North Franklin Street
P.O. Box 764
Ft. Bragg CA, 95437
Crisis: (707) 964-4357
Business: (707) 964-4055
Hours Available: 24

GARDEN GROVE
New Hope Counseling Center
12141 Lewis Street
Garden Grove, CA 92640
Crisis: (714) 639-4673
Business: (714) 971-4123
Hours Available: 24

LAFAYETTE
Contact Care Center
P.O. Box 901
Lafayette, CA 94549
Crisis: (415) 284-2273
Business: (415) 284-2207
Hours Available: 24

LAKEPORT
Lake County Mental Health
Emergency Services
922 Bevins Court
Lakeport, CA 95453
Crisis: (707) 263-0160
Business: (707) 263-2258
Hours Available: 24

Suicide Prevention Centers in California

LOS ALAMITOS
West Orange County Hotline
P.O. Box 32
Los Alamitos, CA 90720
Crisis 1: (714) 761-4575
Crisis 2: (213) 596-5548
Business: (213) 594-0969
Hours Available: 24

LOS ANGELES
Los Angeles Suicide
Prevention Center
1041 South Menlo
Los Angeles, CA 90006
Crisis: (213) 381-5111
Business: (213) 386-5111
Hours Available: 24

NAPA
Crisis Services
2344 Old Sonoma Road
Napa, CA 94559
Crisis: (707) 253-4561
Business: (707) 253-4561
Hours Available: 24

NAPA
North Bay Suicide Prevention
P.O. Box 2444
Napa, CA 94558
Fairfield: (707) 422-2555
Napa: (707) 255-2555
Vallejo: (707) 643-2555
Business: (707) 257-3470
Hours Available: 24

NEWARK
Second Chance, Inc.
P.O. Box 643
Newark, CA 94560
Crisis: (415) 792-4357
Business: (415) 792-4357
Hours Available: 24

PACIFIC GROVE
Suicide Prevention Center of
Monterey County
P.O. Box 52078
Pacific Grove CA, 93950-7078
Crisis: (408) 649-8008
Salinas: (408) 424-1485
Business: (408) 375-6966
Hours Available: 24

PASADENA
Contact Pasadena
73 North Hill Avenue
Pasadena, CA 91106
Crisis: (818) 449-4500
Business: (818) 449-4502
Hours Available: 24

PASADENA
Pasadena Mental Health Center
1495 North Lake
Pasadena, CA 91104
Crisis: (213) 798-0907
Business: (213) 681-1381
Hours Available: 9am - 12am

PLEASANTON
The Center: Counseling,
Education, Crisis Intervention
4361 Railroad Avenue, Suite B
Pleasanton, CA 94566
Crisis: (415) 828-HELP
Business: (415) 462-5544
Hours Available: 24

REDDING
Help, Inc.
P.O. Box 2498
Redding, CA 96099
Crisis: (916) 225-5252
Business: (916) 225-5255
Hours Available: 24

RIVERSIDE
Riverside Crisis and
Outpatient Services
9707 Magnolia Avenue
Crisis: (714) 351-7853
TTY (714) 351-7861
Business: (714) 351-7853
Hours Available:
M-Th: 8am - 9pm
F: 8am - 5pm

SACRAMENTO
Suicide Prevention Services of
Sacramento
P.O. Box 449
Sacramento, CA 95802
Crisis: (916) 441-1135
Business: (916) 441-1138
Hours Available: 24

SAN ANSELMO
Marin Suicide Prevention
Center, P.O. Box 792
San Anselmo, CA 94960
Crisis: (415) 454-4524
Business: (415) 454-4566
Hours Available: 24

SAN BERNARDINO
Suicide and Crisis
Intervention Service
1669 North "E" Street
San Bernardino, CA 92405
Crisis: (714) 886-4889
Business: (714) 886-6730
Hours Available: 24

SAN DIEGO
San Diego Help Center
5059 College Avenue
San Diego, CA 91225
Crisis: (619) 582-4357
Business: (619) 582-1288
Hours Available:
M-F: 2pm - 10pm

SAN DIEGO
The Crisis Team
P.O. Box 85524
San Diego, CA 92138
Crisis 1: (619) 236-3339
Crisis 2: (800) 351-0757
Business: (619) 236-4576
Hours Available: 24

SAN FRANCISCO
San Francisco Suicide
Prevention Center
3940 Geary Boulevard
San Francisco, CA 94118
Crisis 1: (415) 221-1423
Crisis 2: (415) 221-1424
Crisis 3: (415) 221-1428
Business: (415) 752-4866
Hours Available: 24

SAN JOSE
Contact Santa Clara County
P.O. Box 8021
San Jose, CA 95155
Crisis: (408) 279-8228
Business: (408) 275-6176
Hours Available: 24

SAN JOSE
Santa Clara Suicide and
Crisis Service
2220 Moorpark
San Jose, CA 95128
Crisis: (408) 279-3312
Toll Free:
North County: (408) 494-8420
South County: (408) 683-2482
Business: (408) 299-6250
Hours Available: 24

SAN LUIS OBISPO
Hotline of San Luis Obispo
County, P.O. Box 654
San Luis Obispo, CA 93406
Crisis: (805) 544-6163
Toll free in County: Ask
Operator for ENTERPRISE 14429
Business: (805) 544-6016
Hours Available: 24

SAN MATEO COUNTY
Suicide Prevention and Crisis
Center of San Mateo County
1811 Trousdale Drive
Burlingame, CA 94010
Crisis 1: (415) 877-5600
Crisis 2: (415) 367-8000
Crisis 3: (415) 726-5228
Business: (415) 877-5604
Hours Available: 24

SANTA BARBARA
Call-Line
P.O. Box 14567
Santa Barbara, CA 93107
Crisis: (805) 569-2255
Business: (805) 961-4114
Hours Available: 24

SANTA CRUZ
Crisis Intervention Service
Santa Cruz Mental Health Svcs
1060 Emeline Avenue
Santa Cruz CA, 95060
North County:
(408) 425-2237,
24 Hours
South County:
(408) 722-3577,
M-F: 9am - 5pm

Suicide Prevention Centers in California

SANTA CRUZ
Suicide Prevention Services
of Santa Cruz County
P.O. Box 734
Capitola, CA 95010
Crisis 1: (408) 458-5300
Crisis 2: (408) 688-1818
Business: (408) 458-5300
Hours Available: 24

SANTA MONICA
Newstart
1455 19th Street
Santa Monica, CA 90404
Crisis: (213) 828-5561
Business: (213) 828-5561
Hours Available: 24

SONOMA
Outreach Sonoma
Sonoma County Mental Health
337 West Napa Street
Sonoma, CA 95476
Crisis: (707) 996-3644
Business: (707) 996-3644
Hours Available: 24

SONOMA
938-HELP
Hours Available: 24

ST. HELENA
Crisis-Help
1360 Adams Street
St. Helena, CA 94574
Crisis 1: (707) 963-2555
Crisis 2: (707) 944-2212
Business: (707) 942-4319
Hours Available: 24

STOCKTON
San Joaquin County Mental
Health,
1212 North California
Stockton, CA 95202
Crisis 1: (209) 948-4484
M-F: 8am - 5pm
Crisis 2: (209) 982-1818
M-F: 5pm - 8am
Business: (209) 948-4484
Hours Available: 24

VENTURA
Crisis Evaluation Unit
Ventura County Mental Health
300 Hillmont Avenue
Ventura, CA 93003
Crisis: (805) 652-6727
Business: (805) 652-6727
Hours Available: 24

VISTA
Lifeline Community Services
200 Jefferson Street
Vista, CA 92084
Crisis: (619) 726-4900
Business: (619) 726-6396
Hours Available:
M-F: 8am - 8pm
Sat: 11am - 3pm

WALNUT CREEK
Contra Costa Crisis/Suicide
Intervention Service
P.O. Box 4852
Walnut Creek CA, 94596
Crisis: (415) 939-3232
Business: (415) 939-1916
Hours Available: 24

YUBA CITY
Sutter-Yuba Mental Health
Crisis Clinic
1965 Live Oak Boulevard
Yuba City, CA 95991
Crisis: (916) 673-8255
Business: (916) 741-7200
Hours Available: 24

INDEX

A

abuse and suicide risk, 9
administrative issues, 3
aggressiveness and suicide, 12
alcohol or drug use and suicide, 9, 12
appearance, changes in as warning sign, 12
asking about suicidal intentions, 14
attempted suicide, 8
  procedures regarding, 22
  returning after, 23
attendance changes and suicide, 11
audiovisual resources, 39

C

changes, as warning signs
  in academic performance, 11
  in attendance, 11
  in completion of assignments, 11
  in irritability and aggressiveness, 11
  in interest, 11
  in personality or attitude, 12
  in relationships with peers, 11
  in school behavior, 11
community concerns, 2
community resources, 5, 13, 19, 23
confidentiality, see secrecy
counseling issues, 5
crisis, suicidal
  interventions for, 18, 19, 21, 22
  preparing for, 13
curriculum issues, 4

D

death, preoccupation with, and suicide, 12
denial, and feelings about suicide, 14
depression and suicide risk, 9
despair, how to defuse, 19
despairing attitude and suicide, 12
drug or alcohol use and suicide, 9, 12

E

emergency measures, 21, 22

F

feelings about suicide, 13, 17, 23, 25
films, see audiovisual resources
final arrangements and suicide, 12
funeral after a suicide, 25

G

gays and suicide risk, 9

H

helping a suicidal student, 16, 17, 18
high risk for suicide, 21
hint of suicide threat, 10
homosexuals and suicide risk, 9
honesty, 17

I

individual counseling after a suicide, 25
integrating the curriculum, 4
irritability and suicide, 12

L

learning disability and suicide risk, 10
lesbians and suicide risk, 9
lethality, 14
liability, 2, 7
listening to a suicidal student, 16
loners and suicide risk, 10
losses and suicide, 11
low risk for suicide, 18

M

media, after a suicide, 24
memorials, after a suicide, 25
molestation, and suicide risk, 9

N

neglect, and suicide risk, 9
no suicide pact, 21
nonjudgmental listening, 16
nurse, school, 5

O

overdose, 22

P

parent awareness issues, 6
parents, when to contact, 19
patterns of warning signs, 12
peer counseling issues, 5
perfectionist, and suicide risk, 9
performance changes and suicide, 11
perspectives, exploring new ones, 20
plan, see suicide plan
policy and procedures, 7, 13
postponing suicide, see no-suicide pact
preoccupation with death and suicide, 12
prevention, see suicide prevention
principal's role
   after a suicide, 23
   in emergency, 21, 22
   in the school program, 3, 4
privacy, protecting students', 19
psychologist, school, 5

Q

questions to ask a suicidal student, 15, 16

R

readings
   for adults, 29
   for students, 33
references, 26
relationship changes and suicide, 12
returning after a suicide attempt, 23
risk for suicide, 8, 9
risk taking, and suicide risk, 9

S

secrecy, 15, 18
self-esteem, 8
   and secrecy, 15
sexual identity, and suicide risk, 9
sharing feelings, 17
spokesperson, after a suicide, 24
staff awareness issues, 4
staff meeting after a suicide, 24
student suicide, see youth suicide

students' reactions after a suicide, 25
substance abuse, see drugs and alcohol
sudden changes and suicide risk, 11, 12
suicide,
  alcohol or drug use, 12
  attempts
    previous, 8
    statistics, 1
  procedures for responding, 23
  recent in the family, 10
  risk groups, 8, 9
  talking about it, 2
  warning signs, 10
  youth statistics, 1
suicide attempt
  procedures after, 22
  returning after, 23
suicide plan, 15
suicide prevention
  after a suicide, 25
  policy and procedures, 7
suicide prevention centers, 3, 45
suicide risk
  evaluating degree of, 14
  high, 21
  low, 18
suicide threat, 10
  how to deal with it, 14

T

talking about suicide, 14
teaching issues, 3
teen suicide, see youth suicide
transporting a suicidal student, 22
traumatic events, and suicide, 11
triggers of suicidal feelings, 19
troubled teenagers, and suicide risk, 9

V

videotapes, see audiovisual resource
violent behavior, and suicide risk, 9

W

warning signs, 10
will, see final arrangements
withdrawal, and suicide, 11

Suicide Prevention Program for California Public Schools

Lesson Guide for Grades 9–12

CALIFORNIA STATE DEPARTMENT OF EDUCATION
Bill Honig, Superintendent of Public Instruction
Sacramento, 1987

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TABLE OF CONTENTS

OVERVIEW OF THE CURRICULUM 1

SPECIAL CONCERNS IN TEACHING ABOUT SUICIDE 3

- Misconceptions About Youth Suicide 3
- Teaching Strategies 5
- You're a Teacher, Not a Therapist 8
- Grading Guidelines 8
- Involving Other Staff Members 9
- If You Only Have One Day 9
- Another Demand On Your Time 10

THE LESSONS

Lesson 1: Teenage Suicide 13

- Goal 13
- Objectives 13
- Materials 13
- Preparation 13
- Overview 14
- Lesson Plan 15
  - Activity 1 15
  - Activity 2 16
  - Activity 3 16
  - Activity 4 17
  - Activity 5 20
- Worksheet 1: How Much Do You Know About Suicide? 23
- Worksheet 2: Instructions for Evaluating Community Resources . 25
- Worksheet 3: Resources for Suicide Prevention 27

Lesson 2: Warning Signs of Suicide 29

- Goal 29
- Objectives 29
- Materials 29
- Preparation 29
- Overview 29
- Lesson Plan 31
  - Activity 1 31
  - Activity 2 32
  - Activity 3 34
  - Activity 4 35
  - Activity 5 37
- Worksheet 4: Warning Signs of Suicide 39
- Worksheet 5: What's Going On With Chris? 41

Lesson 3: Stress, Drug Use, and Suicide Risk . . . 43

Goal 43
Objectives 43
Materials 43
Preparation 43
Overview 43
Lesson Plan 45
Activity 1 45
Activity 2 45
Activity 3 47
Activity 4 48
Activity 5 49
Activity 6 51
Activity 7 52
Activity 8 52
Worksheet 6:
Coping With Stress in a Positive Way 53

Lesson 4: How You Can Help a Suicidal Friend . . . 55

Goal 55
Objectives 55
Materials 55
Preparation 55
Overview 55
Lesson Plan 57
Activity 1 57
Activity 2 57
Activity 3 59
Activity 4 59
Activity 5 60
Worksheet 7:
How You Can Help a Suicidal Friend 61
Worksheet 8:
Communicating Effectively with a Suicidal Friend . 65
Worksheet 9:
Chris and Pat, Part II 67

Lesson 5: Finding Help in Your Community 71

Goal 71
Objectives 71
Materials 71
Preparation 71
Overview 72
Lesson Plan 73
Activity 1 73
Activity 2 73
Activity 3 74
Activity 4 78
Activity 5 78

Answers to the Suicide Prevention Quiz 79
Worksheet 10:
Encouraging a Friend To Get Help 81
Worksheet 11: Helping Ruth 83
Worksheet 12: Suicide Prevention Quiz 85

SUPPLEMENTARY ACTIVITIES 89

Classroom Visits 89
Audiovisual Aids 89
Role-Playing Exercises 90
Chalkboard Role-Playing Exercises 94
Writing Assignments 95
Reading Assignments 96

REFERENCES 96

INDEX 97

OVERVIEW OF THE CURRICULUM

The five-lesson suicide prevention curriculum has two overall themes:

* to help students better understand and deal with stress, depression, despair, or suicidal feelings in themselves or others

* to enhance students' ability to respond to peers who seek their help by teaching them skills such as (1) how to communicate effectively with a suicidal friend and (2) how to find resources available in the school and community to help that friend

These two themes are translated into five goals, one for each of the following lessons:

Lesson 1: To increase students' understanding of suicide and the factors related to it

Lesson 1 begins with a discussion of students' responses to a quiz about youth suicide. The quiz helps students to focus their attention on the extent and seriousness of the problem and to counter some popular myths about suicidal teenagers. Finally, students are assigned names of community agencies that offer help to suicidal youth and are required to call or visit them and prepare information and recommendations for a class community resource list.

Lesson 2: To help students recognize warning signs that indicate a friend may be suicidal

Lesson 2 introduces the topic of depression and emphasizes that depression is a common and short-lived reaction to problems that we all experience. However, for some, these problems can lead to suicide. Students are then taught to recognize warning signs of suicide in their friends and classmates.

Lesson 3: To provide students with important skills to cope with stress and depression as alternatives to drugs, alcohol, or suicide

Lesson 3 begins by surveying the variety of stresses on youth. Faced with so many stresses, many students turn to alcohol or drugs to cope. As an alternative, students are introduced to techniques for coping constructively with stress, depression, and despair.

Lesson 4: To help students communicate effectively so they can help a friend who is suicidal

Lesson 4 introduces four principles for helping a friend who is suicidal: listen, be honest, share feelings, and get help. The importance of avoiding secrecy is emphasized. Students then discuss and practice communication skills that they can use to initiate discussion with a suicidal friend, show caring and empathy, give support, and encourage him or her to seek appropriate help.

Lesson 5: To enable students to identify and use appropriate resources in their school and community for themselves or their friends.

Lesson 5 introduces procedures to use in assessing the "lethality" of a suicide threat. Then students discuss and practice communication skills to encourage a suicidal friend to seek professional help. Together, the class produces a list of community agencies and services they recommend as acceptable, based on their own investigation begun in Lesson 1.

In each lesson you'll find the following teaching aids:

* goals and objectives
* list of materials
* suggestions for preparation
* overview of the lesson activities
* lesson plan
* suggested homework assignments
* handouts ready for duplicating

Before you begin teaching the lessons, it is recommended that you read the "Special Concerns in Teaching About Suicide" for helpful ideas on preparation and teaching strategies.

Also check the "Supplementary Activities" section at the end of the lessons; you may need to do some extra preparation before adopting any of these activities in your lessons.

SPECIAL CONCERNS IN TEACHING ABOUT SUICIDE

Teaching a course in suicide prevention requires a different approach than teaching a course in mathematics, social studies, or literature.

* You can't discuss suicide without touching on feelings--students' and your own.

While the five lessons are not--and are not intended to be used as--counseling sessions, the subject of suicide remains a sensitive one for adolescents because it necessarily deals with feelings.

Like most of us, you probably have some concerns about teaching this subject; it's not an easy assignment. The topic of youth suicide is one that scares most of us--and understandably so.

* It brings you inevitably to the topic of death--a topic we all feel vulnerable about.

* It may leave you feeling inadequate to prevent premature death in some students.

* You may feel concerned that something you do or don't do will leave you responsible in some way for a suicide.

* Students' discomfort about despair, depression, and suicide can make classroom discussions difficult.

The five-lesson curriculum is designed to address these concerns and to make you more comfortable when teaching the subject of suicide prevention.

Misconceptions About Youth Suicide

*** "YOU'LL GET OVER IT."**
Popular wisdom says the teen years are the best years of our life. And most adults remember the stresses of youth to be minor compared to the struggles of adulthood. For these reasons, many of us find it difficult to comprehend the world through the eyes of a teenager and to take seriously the notion that the breakup of a romance or failure to get accepted to the college of your choice is sufficient justification for panic or suicidal despair.

Adults tend to minimize the intensity and importance of such feelings during the adolescent years and are apt to respond to an adolescent's crisis with a shrug and the statement "You'll get over it."

*** "I'LL BE PUTTING IDEAS IN THEIR HEADS."**
Some people are concerned that if we talk about teenage suicide, we will make it happen by putting ideas into the heads of impressionable young people or by opening up feelings that they can't deal with. Some educators and parents may be concerned about the possibility of an outbreak of teenage suicides as a result of talking about it.

In truth, the evidence suggests that NOT talking about suicide creates barriers for young people who are trying to understand what they are feeling. When you convey a sense of confidence that suicidal feelings are survivable, you are helping students deal with such feelings. Furthermore, talking about feelings in a caring, warm, and direct way with a depressed or suicidal student can be one of the most effective means of preventing suicide.

*** "WHY BURDEN THE STUDENTS?"**
Another misconception is that it is inappropriate to burden students with the topic of youth suicide when only a small proportion of them may have confronted the issue. But the evidence suggests that students have already thought about suicide:

* Surveys indicate that more than 10 percent of high school students report they have made at least one suicide attempt (Klagsbrun, 1981).

* Up to half of high school students have had suicidal thoughts or intentions, many to the point of deciding how to do it (Smith and Crawford, 1986).

* Three-quarters of high school students report they have had a friend turn to them for help (Ross, in Peck, Farberow and Litman, eds., 1985).

Obviously, suicide is on the minds of today's young people. The goal of suicide prevention is to discuss the issue and teach effective alternatives to keep suicide from becoming an acceptable response to life's problems.

*** "THE COMMUNITY MAY NOT WANT SUICIDE DISCUSSED IN SCHOOL."**
Suicide is already widely talked about; why should the school be left out of the conversation? Young people have already learned a lot about suicide, both facts and myths. They know about suicide, and they talk about it. They see stories about it in the newspapers, hear about it in popular music, and read about it in their favorite novels or in their assigned reading.

Unfortunately, much of what they hear is distorted. For example, one of the most common messages young people receive about suicide is that talking about it isn't acceptable.

* Yet silence on the subject of suicide contributes to the stigma that surrounds this topic and conveys the message that it is a topic adults are not comfortable discussing. This may prevent young people from seeking help.

Teaching Strategies

As you approach the curriculum, keep the following important teaching strategies in mind:

* Establish ground rules for class behavior. Lesson 1 begins with suggested ground rules for class discussion of a sensitive topic like suicide. Look over these suggestions and decide how you'll structure your class discussions. Some students may not wish to share their feelings or opinions on a particular matter; they should be told that they have the option to participate actively or not at all in discussions. Another basic ground rule is to respect the rights of others to talk and not to put down their contributions.

* Be aware that there are cultural differences in how young people handle topics such as suicide and how willing they are to discuss their feelings openly. Asians, Hispanics, and Native Americans, in particular, may be more private about their feelings and more reticent on this topic than other groups. It is important to respect the cultural style of each individual in your class. Therefore, you should not use participation in class discussion as a major grading tool.

* Protect students' privacy. You may wish to tell the class in the beginning that:

  The worksheets used in the unit have no right or wrong answers.

  No names will appear on papers, nor will they be graded.

  Although all class members are expected to participate in discussions, no one is expected to reveal private concerns or personal circumstances.

Special Concerns

* Include yourself in the discussion. A technique for promoting open discussions is to stress the universality of occasional periods of unhappiness and hopelessness. All of us can remember times in our lives when we felt depressed and unable to cope. The teenager who is feeling suicidal is not unique or crazy, yet often he or she fears that that is so. One way to communicate the fact that feelings of depression are normal and universally shared is to include yourself in the discussion of such feelings by using terms like "we" rather than "you."

  This does NOT mean that you are to share specific personal experiences with your students that are private or will burden them with problems that they can't solve. What it does mean, however, is to include yourself in the universal human experience. For example, during class discussions, try phrasing a statement like this:

  > "When we get depressed, we often behave in ways that let others know we are not feeling happy,"

  rather than this:

  > "When teenagers feel unhappy, they often behave in ways that draw negative attention to themselves."

  The first statement suggests a common experience while the second isolates the youngster and labels his or her behavior judgmentally.

* Know your school's suicide prevention policy. If your school already has a policy, make sure you are familiar with it so you can communicate it to your classes. If a school policy has not yet been developed, check the suggestions provided in the Implementation and Resource Guide.

* Point out the universality of depressive reactions, despair, and suicidal thoughts. It may surprise members of the class to know that the thoughts and feelings they have experienced are, in fact, common to everyone--even to those who are thought to be the most popular and "best" students.

* Keep the atmosphere light. A lesson that focuses on feelings can become painfully intense. Therefore, it's important to periodically lighten the atmosphere with appropriate humor or changes of pace.

* Avoid dwelling on any single part of the lesson. Keep moving so that you don't get bogged down in any particular activity. End each lesson on a positive note, perhaps with a preview of the skills they will learn in the next lesson that can help them cope with their problems and feelings.

* Be alert to students who may be affected by the discussion. It is especially helpful to invite the school counselor or another teacher to team-teach the lesson with you. One of you can observe students' reactions while the other manages the activities.

* Make yourself available to students outside of class. Discussions of suicide may raise some issues for students that they don't wish to share in class. Remind your students periodically that you and the school counselor are available after class to discuss any individual questions or concerns. Determine in advance when and for how long you can be available to students outside of class; let them know your schedule.

* Be honest, especially about your feelings. As a teacher, you know that young people admire certain qualities in adults. Chief among these is honesty, including the honesty required to say, "I don't know," or "I was wrong." Adolescents are not far from the uncompromising (and often embarrassing) honesty of childhood; they view our attempts to smooth out the rough spots in life with pleasantries and courtesies as hypocrisy.

  As you teach this unit in suicide prevention, you have the opportunity to demonstrate the qualities that teenagers admire and trust. Simply by being your true self, you can help to lower the barriers of doubt and fear that often divide the generations.

* Avoid scare tactics. Some adults reason that if students could see the aftermath of suicide in graphic detail, they would be dissuaded from a suicide attempt. With that line of thought, some teachers may decide to try a trip to the morgue or Coroner's Office, show slides of gruesome suicidal deaths,or discuss the most common methods of suicide. These strategies are DEFINITELY NOT recommended. Attempts to scare people out of suicide rarely work.

Special Concerns

* Know the suicide prevention and crisis resources in your community. By becoming familiar with these resources, you are in the best position to advise students who may be in need of such services. Guidelines for identifying community resources are provided in the "Preparation" section of Lesson 1.

By keeping these techniques in mind, you should be able to keep the class atmosphere comfortable and open in discussing suicide so that maximum learning can occur.

You're a Teacher, Not a Therapist

There is a big difference between being a therapist and being a therapeutic friend. A therapist is responsible for providing treatment while a therapeutic friend--either a peer or an adult--offers support and friendship and facilitates the involvement of a therapist if appropriate. Listening, showing that you care, and assisting him or her in getting appropriate help are the most effective ways you can prevent suicide.

Grading Guidelines

This suicide prevention unit requires students to complete some worksheets with information that is private, such as providing the names of persons they would talk to in a variety of crisis situations. Students' privacy must be respected by not collecting these worksheets for grading purposes.

Many teachers who field-tested the curriculum found that requiring students to maintain a notebook or folder for this unit was an effective way to keep assignments and papers organized and in one place. Student notebooks--minus the private worksheets--could then be handed in at the end of the unit for grading.

There are other opportunities within the unit for grading students:

* the community resources assignment, given in Lesson 1 and reported on in Lesson 5

* the Suicide Prevention Quiz in Lesson 5 (Worksheet 12), which students can take at the end of the unit to test their overall knowledge

* assigned homework; suggestions for homework are given in each lesson

Involving Other Staff Members

In addition to teaching the curriculum yourself, you may find it effective to involve other staff members in supporting a teenage suicide prevention effort. For example:

* Ask your school's guidance counselor, psychologist, or nurse to help you gather a list of community resources for suicidal students.

* You may wish to ask your counselor to speak with your class about this topic and what the guidance office can do to help.

* You may wish to invite another staff member to team-teach the lessons with you.

* Ask your school's librarian to maintain a collection of materials about teenage suicide and to display them when the curriculum is being taught. (The list of Selected Readings for Students in the Implementation and Resource Guide will be helpful.)

* Ask the librarian to keep a copy of your Community Resources List on file so that students who are not in your classes have access to this information. (The model in Lesson 5, page 75, will be helpful in developing your list of resources.)

* Ask your principal to review the school's suicide prevention policies and procedures with you; offer the Implementation and Resource Guide as background information on liability, policy, and procedures.

If You Only Have One Day...

Ideally, this teenage suicide prevention unit should be taught as a full five-lesson curriculum. Unfortunately, that amount of time is not always available. If you are only able to devote one day to this topic, spend it reviewing the following key handouts:

* Worksheet 4: THE WARNING SIGNS OF SUICIDE
* Worksheet 6: COPING WITH STRESS IN A POSITIVE WAY
* Worksheet 7: HOW YOU CAN HELP A SUICIDAL FRIEND
* Worksheet 8: COMMUNICATING EFFECTIVELY WITH A SUICIDAL FRIEND
* Worksheet 10: ENCOURAGING A FRIEND TO GET HELP

These handouts are the bottom line. By using them, you will help students to recognize the signs of a potentially suicidal friend and to communicate effectively in getting the friend to seek professional help.

Another Demand On Your Time...

Teenage suicide prevention is a topic of vital importance, perhaps the most important you will ever teach. In these days, when multiplying requirements are being placed on schools and teachers, it is all too easy to brush aside this subject as just one more time-consuming demand. At such times,it is worth reviewing the Code of Ethics of the Teaching Profession (Section 80130 of the California Administrative Code, Title 5, Education). Principle 1, which refers to protecting the health and safety of students, is of particular interest.

Article 7. Code of Ethics of the Teaching Profession

Section 80130. Preamble.

The educator believes in the worth and dignity of human beings. The educator recognizes the supreme importance of the pursuit of truth, devotion to excellence, and the nurture of democratic citizenship. The educator regards as essential to these goals the protection of freedom to learn and to teach, and the guarantee of equal educational opportunity for all. The educator accepts the responsibility to practice the profession according to the highest ethical standards.

The educator recognizes the magnitude of the responsibility being accepted in choosing a career in education, and engages individually and collectively with other educators to judge colleagues, and to be judged by them, in accordance with the provisions of this code.

Principle 1. Commitment to the Student. The educator measures success by progress of each student toward realization of potential as a worthy and effective citizen. The educator therefore works to stimulate the spirit of inquiry, the acquisition of knowledge and understanding, and the thoughtful formulation of worthy goals. In fulfilling these goals, the educator:

(a) Encourages the student to independent action in the pursuit of learning and provides access to varying points of view.

(b) Prepares the subject carefully, presents it to the students without distortion, and--within the limits of time and curriculum--gives all points of view a fair hearing.

(c) Protects the health and safety of students.

(d) Honors the integrity of students and influences them through constructive criticism rather than by ridicule and harassment.

(e) Provides for participation in educational programs without regard to race, color, creed, national origin--both in what is taught and how it is taught.

(f) Neither solicits nor involves them or their parents in schemes for commercial gain thereby insuring that professional relationships with students shall not be used for private advantage.

(g) Shall keep in confidence information that has been obtained in the course of professional service, unless disclosure serves professional purposes or is required by law.

LESSON 1: TEENAGE SUICIDE

Goal:

To increase students' understanding of suicide and factors that are related to it

Objectives:

Be aware of the incidence of teen suicide.

Identify and correct common misconceptions about youth suicide.

Be aware of the services for suicidal teens that are offered by school and community agencies.

Materials:

Worksheet 1: HOW MUCH DO YOU KNOW ABOUT SUICIDE?

Worksheet 2: INSTRUCTIONS FOR EVALUATING COMMUNITY RESOURCES

Worksheet 3: RESOURCES FOR SUICIDE PREVENTION

Preparation:

Gather information on agencies and services in your community that can provide help to suicidal students.

(1) Find out from your school's guidance office what resources are available in your school and community.

(2) Check the list of Suicide Prevention and Crisis Centers in California in the Implementation and Resources Guide.

(3) You may wish to include services listed in your telephone directory. However, it is wise to do so only after a staff person has evaluated the qualifications of the providers, quality of services offered, and the appropriateness for your students.

To identify other community resource organizations, look under "suicide" or "crisis" in the yellow pages of your telephone directory. Also check the emergency numbers at the front of the white pages.

Then check other facilities such as hospitals and community mental health clinics. Your list should include names of contact people, their telephone numbers, and specific information about what the agency or person does.

Use the model in Lesson 5, page 75 for your class Community Resource List. It should include the information you've gathered and the recommendations of students after their explorations of services offered (see Activity 5).

When you have compiled your list, call all the agencies and ask for the names of individuals to contact for the various services. You may even want to visit these agencies and pick up their literature to show the class.

Consider using an audiovisual aid. Check the Implementation and Resource Guide for a list of available audiovisual aids that will help focus attention on youth suicide and present important information in a dramatic and memorable way. SCREEN THE AUDIOVISUAL AIDS AHEAD OF TIME TO BE SURE THEY ARE APPROPRIATE FOR YOUR STUDENTS AND COMMUNITY. We recommend that you avoid films that dwell on the macabre aspects of suicide; such preoccupation with the gruesome side of suicide distracts students' attention away from the theme of prevention, and may be objectionable to some.

If you are showing a film or videotape, be sure your projection equipment is in good working order.

Duplicate the necessary number of handouts.

Overview:

Activity 1: Introduce the youth suicide prevention unit.

Activity 2: Establish the ground rules for discussions.

Activity 3: Find out how many students have known a suicidal person.

Activity 4: Discuss students' answers to the quiz, "How Much Do You Know About Suicide?" (WORKSHEET 1).

Activity 5: Assign homework--Exploring community resources (WORKSHEETS 2 and 3).

LESSON 1: TEENAGE SUICIDE

Lesson Plan

Activity 1: Introduce the youth suicide prevention unit.

Give an overview of what you will be discussing during the five lessons; use the "Overview of the Curriculum" beginning on page 1 for background information.

The Problem of Teenage Suicide

In recent years, we all have become more aware of the problem of youth suicide; it has become the subject of films, television programs, novels, and magazine articles. Because of this relatively sudden interest, suicide may seem to be a new problem. However, it is not, although its incidence has increased markedly.

Teenage suicide is now the second leading cause of death among young people ages 15 to 24. Only accidents account for more adolescent deaths, and many accidents may actually be undetected or unreported suicides.

At least 5,000 young people kill themselves every year--that's about fourteen youth suicides EVERY DAY (National Center for Health Statistics, 1986). And the incidence of suicide attempts is staggering--an estimated 500,000 young people attempted suicide last year.

Before you assume that students at your school are exempt from these frightening statistics, be aware that some studies report as many as 10 percent of high school students report they have made at least one suicide attempt and a third to half say they have thought about suicide to the point of deciding how to do it. Three-quarters of high school students report they have had a friend turn to them for help.

Teenagers tend to think that problems which cannot be solved quickly have no solution and that the way they feel today is the way they will always feel. They often feel lonely and isolated in their despair and feel that no one will care if they are dead. The urge to live is still strong, however, and it sometimes takes little more than a demonstration that someone does care, that someone will listen and try to help, to turn them away from suicide.

Clearly, suicide is a real and threatening problem for today's high school students. Therefore, it is important that you are able to recognize those teens at risk, recognize the warning signs, and know how to help a suicidal youth.

Activity 2: Establish the ground rules for discussions.

It is important to provide a comfortable, open atmosphere for discussing sensitive issues such as suicide. You can do this by establishing ground rules such as:

* Participation in discussion is welcomed but not required.

* Participation in discussion calls for sensitivity and respect for each others' opinions and feelings.

* There are no right or wrong answers on the worksheets used in class and these worksheets will not be turned in or graded.

* You or a school counselor are available outside of class to talk with any student individually about any feelings of discomfort that may arise from class discussions. (You might want to tell students the specific times you will be available outside of class.)

Activity 3: Find out how many students have known a suicidal person.

One way to begin the discussion is to ask stuents "How many have known someone who thought about suicide, attempted suicide, or actually committed suicide?" These experiences are likely to be uppermost in the minds of many students. When they see they aren't alone, they are more likely to enter the discussion.

* If anyone appears to be experiencing guilt, point out that it is common for people to feel they could have done something--something more, something differently--when someone they know attempts or commits suicide. But remind them that none of us actually controls another person's actions.

* You might also point out that by the end of Lesson 5 of the suicide prevention unit, they will have learned some specific techniques for helping a friend who is depressed or suicidal.

Activity 4: Discuss students' answers to the quiz, "How Much Do You Know About Suicide?"

This quiz helps students to focus on the topic of suicide and provides a vehicle for uncovering some of the myths and misinformation they may have about suicide.

* Make sure they understand the quiz is for their information only. Tell them it will not be collected and they should not put their name on it.

* Allow about 5 to 8 minutes for completion.

Use the following material to discuss the answers to the questionnaire.

WHAT DO YOU KNOW ABOUT YOUTH SUICIDE?

Question 1: Approximately how many young people between the ages of 15 and 24 die by suicide in the United States each year?

5,000. There are approximately 5,000 reported suicidal deaths each year in the United States among young people 15 to 24 years of age. If we take even the most conservative statistics, this means that at least fourteen young people die EACH DAY from suicide.

Question 2: Suicide is the second leading cause of death among young people between the ages of 15 and 24.

True. Suicide is second only to accidents as a leading cause of death in this age-group. And the incidence of youth suicide may actually be higher, considering that many accidental deaths (such as those resulting from reckless driving, drug overdoses, or "playing" with guns) may be undetected or unreported suicides.

Question 3: People who talk about suicide rarely kill themselves.

False. People who are thinking about suicide very frequently let other people know of their intention. They may make direct statements or threats about suicide or they may speak of suicide indirectly, saying such things as "I'd be better off dead," "I won't be around to bother you much longer," or "I don't see much point in living."

Students who talk about suicide should always be taken seriously. Talking about suicide is seldom an idle threat or a bid for attention. Threats of suicide have been called a "cry for help." They are, indeed, a bid for desperately needed attention and help. However, if a threat fails to elicit the help needed, the next step may be a suicide attempt.

Question 4: Suicidal people really want to die, so there's no way to stop them.

False. Most people who think or talk about suicide do not want to die so much as they want to stop the pain of living. They feel hopeless and helpless in the face of their problems, and death seems a way out. If they can be helped through this bad period in their lives, they can regain their desire to live.

Question 5. A person who tries suicide will keep on trying until he or she succeeds.

False. With proper help, suicidal intentions can be overcome. There are many people leading happy, productive lives today who, at one time in their lives, attempted suicide. However, youngsters who have attempted suicide once are likely to do so again unless help is given to resolve the problems which led to the attempt. To ignore the attempt, to brush aside the youth's problems as "not serious," or to punish the student will only deepen the suicidal despair.

Question 6: If people really want to kill themselves, no one has the right to stop them.

False. Most of us feel we have the right to stop someone else from harming our friends; why wouldn't we feel we have the right to try to prevent them from harming themselves?

Suicidal feelings are seldom constant. They appear in times of crisis or periods of depression. When the crisis or the depression ends, so may the suicidal feelings. Furthermore, most suicidal persons do not really want to die; they want the pain they are experiencing to end.

Question 7: Suicide is a crime in California.

False. There was a time in our history when many localities passed laws against suicide, but that time is past. We have learned that, instead of deterring suicides, criminal sanctions only served to stigmatize and further alienate despairing people in need of help. Today, suicide is no longer a crime in any state in the union.

Question 8: A person who accidentally overdoses on a drug may be indirectly attempting suicide.

True. A student who feels overwhelmed by problems may seek escape initially in drugs or alcohol. However, relief is temporary and the net result only deepens the depression and despair. Since the drug user and the suicidal person often have the same motivation--that is, to ease pain and avoid problems--even an accidental overdose may be said to be suicidal in intent.

Question 9: Talking to people about their suicidal feelings may cause them to commit suicide.

False. It may make us feel uncomfortable to talk about suicide with suicidal persons, but it can make them feel better.

Question 10: The best way to help a suicidal friend is to try to talk him or her out of it.

False. Although it might seem helpful to point out to suicidal persons how much they have to live for or how many people would miss them if they were dead, it only adds to their poor self-esteem and burden of guilt. Furthermore, talking someone out of suicide is very difficult--too big a responsibility to take on yourself. It's better to help suicidal students to find adult help for their problems.

***

Suggest that students keep their quiz in a folder so they can review at the end of the unit to see if they would answer the questions differently.

Activity 5: Assign Homework--Exploration of Community Resources.

In Lesson 5, students will be required to report to the rest of the class on community agencies and services that are available to adolescents who need help. Their reports will be the basis of a class LIST OF COMMUNITY RESOURCES (see the model on page 75). Assign this homework now so they will have maximum time to complete it.

Distribute Worksheet 2: INSTRUCTIONS FOR EVALUATING COMMUNITY AGENCIES and Worksheet 3: RESOURCES FOR SUICIDE PREVENTION.

Students' perceptions of services are frequently clouded by their apprehensions; this activity allows them to get first-hand information and discover which services they trust.

As you go over the worksheets with the class, give students an idea what to expect.

* For example, when they call an agency for information, the person at the agency might be rushed or impatient or might speak in jargon difficult to understand.

* Or they might discover that the agency's services are only available to adults or that there is a policy to inform minors' parents of a visit for counseling. Or there may be a waiting list. Or there might be a prohibitive fee schedule. All these reasons might lead students to decide that that resource isn't appropriate for adolescents.

* On the other hand, they may find that a particular agency specializes in youth or that the counselor they spoke with was very warm and understanding. It's important for students themselves to make recommendations of appropriate helping agencies to their peers.

Information can be gathered by individual students or by teams. Assign each person or team an agency to explore. Show them the blanks on Worksheet 3 they whould fill out on the agency and remind them that the instructions are given in Worksheet 2. It's best not to assign more than one student or team to an agency because most services aren't equipped or inclined to handle twenty interviews in one week!

Tell them to call the agency and fill in the blanks in Worksheet 3. After they've gathered their information, they are to decide whether or not they recommend the agency.

Let students know they will be asked to report back to the class during Lesson 5. (Give them the date of the class.) Point out that from the information everyone gathers they will assemble a complete and accurate listing of all community resources that they recommend as appropriate for students in need of help.

* It is critical for students to receive this information on helping resources. If there is not time for students to complete the assignment, go over the information you gather and give it to them as a handout.

HOW MUCH DO YOU KNOW ABOUT SUICIDE?

This quiz is for your information only. You will not be asked to pass it in,and it will not be graded. Please don't put your name on it.

1. Approximately how many young people between the ages of 15 and 24 commit suicide each year in the United States?

   ___ 500 ___ 5,000 ___ 15,000

2. Suicide is the second leading cause of death among young people between the ages of 15 and 24.

   ___ True ___ False

3. People who talk about suicide rarely kill themselves.

   ___ True ___ False

4. Suicidal people really want to die, so there's no way to stop them.

   ___ True ___ False

5. A person who attempts suicide will keep on trying until he or she succeeds.

   ___ True ___ False

6. If a person really wants to kill himself or herself, no one has the right to stop him or her.

   ___ True ___ False

7. Suicide is a crime in California.

   ___ True ___ False

8. A person who accidentally overdoses on a drug may be indirectly attempting suicide.

   ___ True ___ False

9. Talking to a person about his or her suicidal feelings may cause him or her to commit suicide.

   ___ True ___ False

10. The best way to help a suicidal friend is to try to talk him or her out of it.

    ___ True ___ False

INSTRUCTIONS FOR EVALUATING COMMUNITY RESOURCES

Goal: to identify community resources that you feel enough confidence in to recommend to a suicidal friend.

Your assignment is to call or visit an agency or service in your community that can offer services to young people in a crisis. Introduce yourself and explain that you're doing a school assignment and you would like some information about their services. Ask if the person has time to talk to you. If he or she can't talk right away, find out when you can call back.

Here's a checklist to help you fill out Worksheet 3:

Name, address, and phone number. Using Worksheet 3, record the name of the agency, the address, and the phone number. Also make a note of the person to contact.

Services offered. Ask what services they have available for teenagers who are feeling depressed or suicidal. (Examples of their services might be a telephone hotline, individual or group counseling, or emergency medical care.) List their services on your worksheet.

Costs of services. Ask what the cost is for each service and find out if they have any free services. Inquire if the costs are the same for everyone or if some people can get a reduced fee. Record the costs on your worksheet.

Hours available. Ask what hours each service is available and make a note of the hours on your worksheet.

Parent permission. Ask if a parent's permission is required for any of their services. Check "yes" or "no" on your worksheet.

Confidentiality. Find out whether the things that are talked about (for example in a counseling session) are kept confidential.

Transportation. Ask if the agency can be reached conveniently by public transportation and make a note of directions on your worksheet.

Other information. Find out whatever else you can about the agency or person and make a note under "Other information."

Instructions for Evaluating Community Resources

Free literature. Ask for copies of the agency's free literature that might be of interest to your class.

Your recommendations. When you've finished your conversation, take a few minutes to decide whether you would recommend this agency or service to friends if they were feeling suicidal.

As you think about your recommendations, consider how you felt about the people you talked to:

Did they take time to give you information?

Was their information clear and helpful?

Did they seem to think your questions were important?

Did you feel comfortable with them?

Did they know the answers to your questions?

When you've decided whether or not you would recommend this agency, record your recommendation, "Yes" or "No," on your worksheet and make a few notes on the reasons for your answer.

RESOURCES FOR SUICIDE PREVENTION

Name of agency: _____

Address: _____

_____

_____

Telephone number: _____

Contact person: _____

Services provided: _____

_____

_____

_____

Hours available: _____

Cost of services: _____

Parent permission? ____ Yes ____ No

Confidentiality? _____

Transportation? _____

Other information: _____

_____

_____

Recommendation: ____ Yes ____ No

Why? _____

_____

LESSON 2: WARNING SIGNS OF SUICIDE

Goal:

To help students recognize warning signs that indicate a friend may be suicidal

Objectives:

Identify characteristics of teenage depression.

Understand that feelings of depression are common to everyone but they do not last.

Identify warning signs of suicide.

Materials:

Worksheet 4: WARNING SIGNS OF SUICIDE

Worksheet 5: WHAT'S GOING ON WITH CHRIS?

Preparation:

Decide how you will use the dialogue between Chris and Pat presented in Worksheet 5. You may want to give selected students a copy of the worksheet before the lesson and ask them to be prepared to play the parts of Chris and Pat.

For guidelines on conducting various role playing activities, see page 90.

Overview:

Activity 1: Identify the characteristics of teen depression.

Activity 2: "Think back to a time..."

Activity 3: Identify warning signs of suicide (WORKSHEET 4).

Activity 4: Conduct the role play, "What's going on with Chris?" (WORKSHEET 5).

Activity 5: Assign homework (optional).

LESSON 2: WARNING SIGNS OF SUICIDE

Lesson Plan

Activity 1: Identify the characteristics of teen depression.

> Use the information in this section as background information for your introduction to teen depression.

Although not all depressed people are suicidal and not all suicidal persons are depressed, one common precursor of suicide is depression.

Feeling "down in the dumps," sad, or blue is a normal part of human experience. Most people recognize those feelings in themselves, and we recognize them in others. Temporary unhappiness follows disappointment, frustration, and loss. Breaking up with a girlfriend or boyfriend, doing poorly in school, having family problems, or moving to a new neighborhood or community may result in temporary feelings of despair.

Most teenagers are able to rebound from these experiences and eventually feel as good as they did before. Those who do not rebound but who feel deeper and more prolonged states of despair are often described as "clinically depressed."

Here are some of the specific characteristics of teenage depression:

* Depressed teens often experience shifts of mood which are often difficult to evaluate since adolescence is normally a time of wide swings in emotion.

* Depressed teens often feel little sense of personal worth or self esteem.

* Depressed teens may be sad and lethargic or angry and rebellious. Depressed students may act out their depression through destructive behavior such as drinking alcohol or abusing drugs, driving dangerously, cutting class, talking back, or failing courses.

* There is an especially close relationship between depression and loss. Depression can be triggered by loss of a beloved individual, an important goal such as making an athletic team, or familiar surroundings through a move. The common outcome of losses such as these is lowered self-esteem, which can expand into a severe depression.

Everyone experiences depression at various points throughout their lives. However, if the feelings surrounding depression are not dealt with effectively at the time, subsequent depressive reactions can seem even more overwhelming. Unresolved feelings from important losses are like injuries that don't heal properly. For example, a young person who has lost a parent during childhood but never mourned the death may be devastated by the breakup of a romance years later.

Activity 2: "Think back to a time...."

Often, young people perceive that their times of depression are frighteningly unique. This activity is designed to help students see that (1) episodes of depression have endings as well as beginnings; and (2) reactions to depression are experienced by most people, and we can understand them, learn from them, and manage them.

The following questions are designed to identify feelings, behaviors, and actions typical of stages of depressive episodes; explore alternatives available at each stage; and promote discussion of coping skills and resources. WRITE THEM ON THE BOARD AS YOU GO OR DISTRIBUTE THE ACTIVITY SHEET ON THE NEXT PAGE SO STUDENTS CAN RECORD AND KEEP THEIR OWN ANSWERS.

*** If you can remember a time when you felt really "down," what words come to mind to describe the way you felt then?**

Expect answers such as "overwhelmed," "confused," "exhausted," "unhappy," "alone," "scared," "anxious," "helpless," "hopeless," "angry," "sad," "betrayed," "hurt." List students' answers on the board so they can see the similarities of others' feelings to their own. Your comments should include the observation that these are all common human reactions although most of us probably believed at that time that our feelings were unique.

*** Did you act differently? How?**

Expect answers such as "kept to myself," "tired all the time," "couldn't concentrate," "couldn't sleep," "slept all the time," "got stoned," "cried a lot," or "didn't care about school/friends/sports/others/myself." Again, list answers on the board so that the similarities of others' behavior to their own can be seen. Point out that these behaviors are observable to others.

THINK BACK TO A TIME...

Think back to a time when you felt really "down."

What words come to mind to describe the way you felt then?

_____

_____

_____

Did you act differently? How?

_____

_____

_____

What thoughts went through your mind?

_____

_____

_____

What was said to you that was helpful?

_____

_____

_____

Whom would you choose to talk to? Why? Who wouldn't you talk to? Why?

_____

_____

_____

*** What thoughts went through your mind?**

Expect answers such as "Nobody understands me," "I'm always going to feel this way," or "Things will never get better." Again, record the answers on the board so that students can see that when we are depressed even our thoughts have a common nature.

*** What was said to you that was helpful? That wasn't helpful?"**

Expect "helpful" answers such as "He just understood," "She didn't try to make me be cheerful," or "He just stayed with me." Expect "nonhelpful" answers such as "You'll get over it," "Come on, snap out of it," or "Think of all you've got to be thankful for." These answers can be related to the things that students might choose to say or not say to a troubled friend.

*** Considering your feelings at that time, whom would you choose to talk to? Why? Who wouldn't you talk to? Why?**

Students' choices of confidants and their reasons for these choices can help to identify real or perceived concerns about the reactions of others: "They wouldn't understand." "They might tell others." "They might think I was dumb/weak/weird." Their choices can also identify their concerns about the sources of help available to them.

As the discussion ends, use the class answers to draw the conclusions that (1) we all experience depressive reactions when important things in our lives go wrong; (2) we all experience some feelings at those times; (3) our feelings affect our behavior and we usually act differently; (4) we are concerned that others will not understand, can't help, and might make us feel worse; and (5) we find it most helpful when people listen to us rather than offer advice.

Activity 3: Identify warning signs of suicide.

Point out that an important step in helping a suicidal friend is to be able to recognize warning signs of suicide.

Distribute Worksheet 4: WARNING SIGNS OF SUICIDE (see page 39).

Write the following summary on the board as you review Worksheet 4:

* Recent suicide in the family
* A direct or indirect threat of suicide
* Recent losses
* Traumatic events
* Sudden changes in school behavior
* Sudden changes in personality or attitude
* Sudden changes in appearance
* Heavy use of alcohol and other drugs
* Making final arrangements

Point out that since almost all teens engage in rapid mood swings, it is sometimes difficult to differentiate between normal adolescent behavior and those that indicate something is seriously wrong. If you observe a pattern of several warning signs and if they last longer than usual, action needs to be taken.

Activity 4: Conduct the role playing exercise, "What's going on with Chris?"

Worksheet 5 presents a short dialogue between Chris and Pat. (The names "Chris" and "Pat" could belong to either male or female characters; students can identify easily with either of the characters as they read the conversation.) The purpose of the "vignette" is to give an example of how a suicide warning sign can be observed. (For general guidelines on conducting role plays, see page 90.)

Since Chris is a suicidal youth, you may want to play this role yourself or ask another staff member to play it. (Playing a suicidal person may be a frightening or negative experience for some students.)

If you have already asked volunteers to prepare to play the parts, call on them now. After the skit is done, lead a discussion; the following questions may be helpful in guiding the discussion.

*** Do you think Chris has changed recently? In what ways?**

Chris is avoiding friends and seems "down." Pat is sure something is wrong.

*** How do you think Chris is feeling?**

Clues to feelings: posture (staring at the ground); isolated (alone in the park, avoiding friends); aggressive

(gives the impression of being mad at Pat and Jamie, tells Pat to get lost); sense of doom ("I'll ruin things for you the way I do for everyone"); untrusting ("Oh sure, friends."); lack of self-esteem (describing self as "weird," "I'll ruin things.").

Chris is depressed. Depression often occurs when a number of things seem to go wrong all at once. We tend to feel that things are out of our control, that we are helpless. We often blame ourselves.

*** What might have gone wrong at home to make Chris feel this way?**

The students may suggest divorce, sibling rivalry, mistreatment, parents who don't understand, heavy or unfair discipline, quarrels, etc.

Accept all answers and point out that such problems can really hurt and sometimes overwhelm a person. Many of them are out of a young person's control. Under the weight of such problems, most people will feel depressed for a time.

*** We know that Chris didn't make the school paper last fall and that hurt. What else might be happening at school?**

The students may suggest falling grades, a sense that school is a waste of time, unsympathetic teachers, a love affair that ended, not being accepted by a certain group, etc.

Again, accept all answers. Point out that when problems pile up and we feel overwhelmed, we often feel lethargic and hopeless about our ability to solve any of them. We tend to drift and sink deeper and deeper into depression.

*** Why do you think Chris said, "I ruin things for everyone?**

Use the answers suggested by the students to make three points: (1) Suicidal persons usually lack self-esteem. They feel worthless, like failures, and as if the world would be better off without them; (2) They may have high expectations and make unrealistic demands on themselves, so that anything less than perfection feels like failure OR they may feel that they can never please anyone, no matter what they do, and it's no use trying; and (3) When we are depressed, we tend to take on responsibilities that don't belong to us, such as feeling responsible for parental fighting or a friend's drug habit.

*** Did Pat say anything that might make Chris feel worse?**

Saying "That's dumb" can only reinforce Chris' feelings of failure and worthlessness.

Being told to cheer up or being told, "I wish you'd snap out of it!" only makes us feel guilty when we are depressed. We know we should snap out of it, but we can't. You might ask the class when was the last time they cheered up because someone told them to.

"That was way last fall." Feelings don't obey the clock or the calendar. Not making the paper may have been only the first of a series of losses or unhappy events for Chris that have culminated in his or her present feelings. If it is serious to Chris, it matters.

*** Did Pat say anything that might help Chris?**

Use the student answers to make the point that "hanging in there" with a depressed friend is helpful. When Pat refused to leave and showed concern for Chris, he or she gave the message that his or her caring was genuine.

*** Do you think Chris is suicidal? Why or why not?**

Chris is depressed, isolated, self-blaming and "changed." Even though Chris has not talked about suicide, these are indications that Chris feels deeply troubled and needs help.

Ask students to suggest what Chris might have said if Pat had asked about suicide. How might Pat have asked about it?

*** What do you think might happen next? What might Pat say and Chris reply?**

Guide the discussion along the line of "If you were feeling the way Chris seems to be feeling, is this what you would want to hear?"

Activity 5: <u>Assign</u> <u>homework</u> (optional).

Select an assignment from the "Supplementary Activities" section on page 89 of this guide or assign homework that reinforces the affective and cognitive objectives of this lesson.

WARNING SIGNS OF SUICIDE

Although a single, traumatic event can trigger a sudden suicide without warning, young people who are thinking about suicide almost always give signals in advance of what they are contemplating. The key to preventing a friend's suicide is your ability to recognize and respond to the following warning signs:

* **A RECENT SUICIDE IN THE FAMILY.** A recent suicide in the family, school, or community increases the suicide risk of survivors enormously for several reasons: unbearable grief, depression or guilt over the loss of a loved one, a fear of mental illness, or a notion that suicide presents an option--a way out of an unwelcome and painfully unhappy situation.

* **SUICIDE THREATS.** Most teenagers give clues to their suicidal thoughts, such as making direct statements about their intentions or less direct comments such as "I might as well be dead." or "My family and friends would be better off without me." Sometimes warnings take the form of a preoccupation with death, such as when a friend writes death poems or fills sheets of paper with sad drawings.

Suicide threats or hints should always be taken seriously; they are a very real sign of danger!

* **RECENT LOSSES.** Significant losses, major disappointments, and humiliation are misfortunes that can be devastating to some young people. Examples of such losses are: death or divorce of parents, breaking up with a girlfriend or boyfriend, losing a close friend or friendship, being cut from an athletic team, receiving bad grades, or failing to achieve a goal.

* **TRAUMATIC EVENTS.** In some instances a crisis occurs that can plunge a friend into instant despair and a suicidal act with no warning other than the event itself. These crises usually involve a sudden loss of self-esteem and a feeling that it is impossible to face tomorrow.

* **SUDDEN CHANGES IN SCHOOL BEHAVIOR.** Be alert for the following warning signs that you may observe in or outside the classroom:

    * Abrupt changes in attendance
    * Dwindling academic performance
    * Sudden failure to complete assignments
    * Lack of interest and withdrawal
    * Changed relationships with classmates
    * Increased irritability or aggressiveness
    * Despairing attitude

* **SUDDEN CHANGES IN PERSONALITY OR ATTITUDE.** The shy student who suddenly becomes a thrill-seeker or the outgoing person who becomes withdrawn, unfriendly, or disinterested may be giving signals that something is seriously wrong. Other changes include the classic signs of depression: sleep disturbances; lack of interest in the opposite sex; loss of appetite; loss of weight; neglect of schoolwork; and long periods of solitude.

* **SUDDEN CHANGES IN APPEARANCE.** Students who suddenly no longer care about their appearance and cleanliness may be signaling that they have given up caring about life.

* **HEAVY USE OF ALCOHOL OR OTHER DRUGS.** Heavy alcohol and drug users are likely to be depressed students who are seeking relief from their painful feelings. At first, these chemicals may help relieve the depression and suicidal thinking. Eventually, however, they stop working and contribute to a greater depression and added feelings of worthlessness. In addition, heavy alcohol and/or drug usage can lead to reckless, impulsive behaviors such as careless driving at high speeds.

* **MAKING FINAL ARRANGEMENTS.** Giving away prized personal belongings such as a record collection can be a particularly serious sign. In effect, your friend is carrying out his or her will.

Since almost all teens engage in rapid mood swings, it is sometimes difficult to tell the difference between normal teenage behaviors and those that show something is seriously wrong. If you notice a <u>pattern</u> of several warning signs and if they last <u>longer</u> than usual, you should take action.

WHAT'S GOING ON WITH CHRIS?

The scene is a small park near the high school. Pat is cutting through the park on the way to the deli. Pat sees Chris on a bench, staring dejectedly at the ground.

PAT: Hey, Chris. How're you doing?

CHRIS: (irritated) What do you want?

PAT: What do I want? What's with you, Chris? You act like I was a stranger or something.

CHRIS: Yeah, well ... I got things on my mind. Okay?

PAT: (angrily) Okay! (Starts to move away, turns back). No, it's not okay. Something's wrong with you lately. You never come around anymore, you never talk to anybody. Are you mad at me?

CHRIS: No, I'm not mad at you.

PAT: Well, are you mad at Jamie?

CHRIS: I'm not mad at anybody. Will you leave me alone?

PAT: No, I won't. Something's wrong.

CHRIS: (with a grim smile) Something! How about everything?

PAT: Is it something at home? At school? You aren't still worrying about not making it on the paper, are you? That was way last fall.

CHRIS: I don't know, Pat. I wish you'd go away. I'll just ruin things for you the way I do for everyone.

PAT: That's dumb! You don't ruin things for anybody. I wish you'd snap out of it, Chris. I thought we were friends.

CHRIS: Oh sure, friends. Get lost, Pat. I don't need you. I don't need anybody. Go on! Tell everybody how weird I am. I don't care anymore.

LESSON 3: STRESS, DRUG USE, AND SUICIDE RISK

Goal:

To provide students with important skills to cope constructively with stress and depression as alternatives to drugs or alcohol use

Objectives:

Identify stresses on today's students.

Relate stress to alcohol and drug use.

Relate stress and substance use to suicide risk.

Identify categories of drugs of abuse.

Demonstrate skills for taking positive steps to cope with stress and depression.

Communicate effectively with a friend who is using drugs.

Materials:

Worksheet 6: COPING WITH STRESS IN A POSITIVE WAY

Preparation:

Read the information in the worksheet so you'll be able to explain it and answer students' questions.

Overview:

Activity 1: Introduce the topic of life stress and its role in suicide.

Activity 2: Brainstorm stressful events in teenagers' lives.

Activity 3: Describe the categories of drugs and their effects (optional).

Activity 4: Point out how abuse of drugs and alcohol can play a big role in teenage suicide.

Activity 5: Review the categories of students at risk for suicide.

Activity 6: Present techniques for coping with stress and depression (WORKSHEET 6).

Activity 7: Offer guidelines for talking with a friend who is using drugs.

Activity 8: Assign homework (optional).

LESSON 3: STRESS, DRUG USE, AND SUICIDE RISK

Lesson Plan

Activity 1: Introduce the topic of life stress and its role in suicide.

Ask students to think back over the discussion of Chris and Pat. The last lesson focused on depression and Chris' feelings about what was happening. The point was made that it was Chris' reactions to events that were important rather than the events themselves. Now is the time to step back and think about the stresses in our lives that may cause depression or feelings of being unable to cope. Point out to the students that by recognizing stress--and stress overload--we can actively take steps to forestall a downward spiral into depression and/or suicidal feelings.

Activity 2: Brainstorm stressful events in teenagers' lives.

During adolescence more dramatic changes occur than at any other time of life. Often these developmental changes create stress and pain; and many teens experience great difficulty coping with these pressures. When too many demands are placed on teenagers or when stresses pile up to the point of overload, a student may consider suicide as a way of escaping these pressures.

> Use the following information for a brainstorming session with members of the class. Write their responses on the board.

*** FAMILY PRESSURES**

Often, parents or guardians unwittingly create stress for their children by their own behavior. For example, rejection or indifference can hurt adolescents, making them feel uncared-for and neglected. When students internalize these feelings, they can develop an uncaring attitude toward themselves.

Some parents may be overly protective, preventing their children from growing up at an appropriate rate. Other parents tend to be overly permissive, forcing their children to take on experiences and responsibilities long before they are ready. In both cases, youngsters feel a great deal of stress, which impedes their ability to function.

A recent study conducted by one northern California school district (North Marin Council PTA, 1985) examined the types of stress experienced by students in grades six through twelve. For the subgroup of students in this study who had considered or attempted suicide, family pressures ranked second highest on their list of stressors.

*** SCHOOL-RELATED ISSUES**
The same study determined that the greatest number of stressors reported by all students were school-related. Many students develop a strong need for success in school; exams, homework, and competition for grades can become very stressful. Failure--or fear of failure--haunts them. Getting into college--and for many students getting into the college of their choice--creates additional anxiety and may lead to stress, depression, and suicidal crisis.

*** PHYSICAL CHANGES**
Teenagers often misunderstand, resent, and feel extremely self-conscious about the physical changes they're going through. Their emotional reactions may be maladaptive and can result in withdrawal and depression.

*** PEER PRESSURE.**
When children enter into puberty at about the age of twelve, they are influenced more by their parents than by anyone else. Then, over the next two years, their friends begin to exert greater and greater influence. A major source of difficulty for adolescents is their inability to recognize the power of this peer influence.

***HOPELESSNESS AND DESPAIR**
Teenagers tend to think that problems that cannot be solved quickly have no solution. They feel despair and are convinced that the way they feel today is the way they will always feel. They have not yet had enough experience to learn that intense feelings of pain don't last forever. However, their urge to live is still strong, and it sometimes takes little more than a demonstration that someone cares to spark hope and to turn them away from suicide.

***DISCRIMINATION**
Young people who are excluded from groups, teased, or otherwise singled out because, for example, they are gay or lesbian, disabled, or afflicted with a catastrophic illness such as AIDS are under additional stress that can lead to a suicidal crisis. Because they face rejection and are socially isolated, they don't have the "safety valve" of friendships as do more socially-acceptable students.

Activity 3: Describe the categories of drugs and their effects (optional).

To cope with the stress in their lives, some teenagers turn to alcohol and drugs. Studies suggest that alcohol and drug abuse among teenagers play a substantial and contributing role to suicide deaths in young people. Some evidence suggests that as many as 30 to 50 percent of adolescents who commit suicide have a recent history of chemical abuse. Two other studies (Rich et al., 1985; Shaffi, 1985) suggest that the rate of substance abuse in adolescents and young adults who commit suicide may be closer to 50 to 70 percent.

The use of different drugs results in different symptoms. A friend may act drowsy and lethargic if using one drug or euphoric (blissful) and hyperactive if using another.

If the classification of drugs has not been discussed in your class, write five categories of drugs on the chalkboard and give some information about the symptoms of the use of drugs in each category. Drugs are broadly grouped into five major categories according to their effects:

* Narcotics (opium, heroin, and some synthetic chemicals): Produce a pleasant, dreamlike "high." As tolerance develops, the high is generally lost and the individual needs to continue use to avoid withdrawal sickness.

* Stimulants (cocaine and amphetamines): Produce an ecstatic high that decreases over a few hours. After withdrawal, the cocaine user or "speed freak" may feel depressed and lethargic.

* Depressants (sedatives such as barbiturates, phenobarbital, alcohol): Produce a relaxed, calm feeling when taken in small doses and an intoxicated appearance with uncoordinated speech and movement in larger doses. Sedatives and alcohol can become addicting and sudden discontinuance of excessive use produces delirium tremors--excessive perspiration, fearfulness, and sleeplessness.

* Hallucinogens (LSD, ergot, mescaline, mushrooms, and morning glory seeds): Produce changes of sensation, thinking, self-awareness and emotion. Extent of changes is dependent on the dose. A bad trip can evoke emotions of horror; loss of control can cause panic or feelings of grandeur. Intensive use can cause flashbacks--repeated experience of the trip at a later time when the user is under stress.

* Marijuana and hashish: Produce reddening of the eyes, increased appetite, euphoric state, and sleepiness. May be either a stimulant or a depressant. May result in impaired judgment or depression, particularly when used regularly and heavily.

Activity 4: Point out how drug and alcohol use can play a big role in teenage suicide.

Often teenagers medicate themselves with drugs or alcohol to reduce the pain they're feeling from stress and/or depression. This is only a temporary solution and the drug use itself can serve as a depressant, intensifying depression, impairing judgment and lowering the threshold for impulsive, self-destructive behaviors such as suicide.

Drug use and abuse--the chronic usage of alcohol and drugs--can contribute to suicide in a number of ways:

* Drug and alcohol use contributes to problems. Adolescents may experience their first surges of depressive feelings at age 12 or 13--sometimes even earlier. They find their feelings painful, extremely troubling, and often search quickly for some way to get rid of the feeling. Those adolescents who have access to and experience with alcohol or chemicals may find themselves using a variety of substances, including alcohol, marijuana, tranquilizers, cocaine, or whatever else may be currently in vogue among adolescents to temporarily ease the feeling of depression. They discover that, in fact, changing their mental condition, even temporarily, by getting high--"stoned"--makes them feel better; they're able to forget why they were depressed or unhappy. They learn that continuing to do this may help them through difficult situations. It is under those circumstances that adolescents move from light drinking to heavy drinking, or from using marijuana to using cocaine. The frequency of drug abuse increases and becomes more intense.

  Often by the time they are 14 or 15 and have used drugs for a year or so, they may not be attending class and may be failing in their subjects and engaging in illegal activities. Problems with parents may become severe. Family battles ensue, and the youngster becomes more and more non-functional. Sometimes the chemicals enable the youngster to not feel depressed for a short period of time. Eventually, however, the depressed feelings--the feelings of being unsuccessful, nonfunctional, and disliked, and the family problems that are created by the chemical abuse--all result in suicidal feelings that are felt more strongly than they were in the past.

As a result, students who feel they have found a solution to dealing with unhappy feelings at 13 or 14 with alcohol or drugs become even more unhappy and suicidal a year or two later.

* Drugs themselves create depressive reactions. Certain kinds of drugs are capable of causing severe depressive reactions. For example, people coming down from PCP (angel dust) tend to experience severe depressive states during which they may contemplate or attempt suicide. Even people who are not suicidal prior to these circumstances may become severely suicidal and ultimately kill themselves. Young people under the influence of LSD who have a negative or psychotic experience may become suicidal, particularly if they hear voices telling them to engage in some self-destructive act. Young people who use cocaine regularly and in large quantities, particularly those who are free-basing or injecting the cocaine, may experience a severe depressive period during which time they become vulnerable to suicidal impulses. Other drugs, including alcohol and central nervous system depressants such as barbiturates and methaquaalone (Quaaludes), have depressive effects in varying degrees.

* Drug use contributes to risk-taking behavior. Many adolescents go through periods in which they experience a great deal of impulsiveness: they tend to react quickly, impulsively, and sometimes angrily to minor--or what adults may consider minor--incidents.

Sometimes this impulsive behavior may take the form of risk taking: driving an automobile fast, "racing" a train across the tracks, and other dangerous activities. The adolescents' resistance to risk taking is lowered by drugs and alcohol to such a degree that their impulsive behavior carries with it a much greater risk for a sudden suicidal act than if they were sober. (Peck, 1985)

Activity 5: Review the categories of students at risk for suicide.

Although there's no such thing as a "suicidal type," some studies suggest that certain characteristics appear more frequently in young people at risk for suicide:

* **STUDENTS WHO HAVE ATTEMPTED SUICIDE PREVIOUSLY**--even if their attempts didn't seem very serious--are at high risk for suicide, especially when the problems that originally led to a suicide attempt have not changed and they have not received help in dealing with their problems.

* **STUDENTS WITH LITTLE SELF-ESTEEM** may become suicidal because their self-rejection is painful and humiliating. Worse, they may judge their own suicidal thoughts as weak, cowardly, or "crazy." It's a vicious cycle that can end in suicide.

* **SEVERELY DEPRESSED STUDENTS** may become suicidal. The time of danger, however, appears to be after the deepest part of the depression has lifted, when the youth continues to feel hopeless but has regained enough energy to carry out previously laid plans.

* **TEENAGERS IN TROUBLE** with the law, with parents, or with peers can become desperate in seeking a way out; they may even prefer death to facing consequences. These students are often emotionally volatile, perform poorly in school, and act impulsively--in some instances, violently. They generally cannot seem to live up to what others expect of them at home or at school.

* **ABUSERS OF ALCOHOL OR DRUGS** are at risk for suicide. These chemicals frequently contribute to the problems and stresses that can lead to suicide. And studies show that about 50% of young people who commit suicide have a recent history of substance abuse.

* **ABUSED, MOLESTED, OR NEGLECTED CHILDREN** often feel guilty, ashamed, isolated, and indifferent to life. They can become depressed and suicidal even though the abuse occurred several years earlier.

* **PERFECTIONISTS**--young people whose self-esteem comes largely from achievement--can become devastated over failure. They set high standards and have great expectations for themselves. They are anxious to do well at school and usually do. They underrate their own abilities and expect lower grades than they get. Their threshold for failure is low, so what may seem a small failure to others may be intolerable to a perfectionist.

* **GAYS AND LESBIANS**--young people who are struggling with or because of their sexual identity--appear to have a higher incidence of suicidal behavior than their heterosexual peers, perhaps because they are subjected to rejection, discrimination, and isolation from support networks.

* **UNNECESSARY RISK TAKERS'** choices of high-risk sports, hobbies, and other unnecessarily dangerous activities can reflect indifference to life.

* **LEARNING-DISABLED STUDENTS** appear to have a somewhat higher incidence of suicide than others. Things are more difficult for them: they may feel unaccepted, alienated from their mainstream peers, discouraged about their life, and hopeless about their future.

* **LONERS**--socially isolated students--frequently are unable to relate to others and to develop an adequate support system and safety valve for their feelings.

These characteristics of teenagers at risk for suicide appear in all social and economic groups, all kinds of families, and all areas of the country. These youths may be difficult to recognize among their peers because it is in their feelings that they are different from others their age.

Activity 6: Present techniques for coping with stress and depression.

Remind students that the way to cope with stress is to take positive actions that help them manage what is going on.

Ask students what they have done to help themselves feel better when they were stressed or depressed or what made things better for them. Students may suggest such things as talking to a friend, writing a letter about their feelings, exercising, reasoning themselves out of it, etc. Accept all answers but try to put them in general categories, such as:

* Diversionary activities (reading, movies, TV)
* Soothing activities (hot baths, eating, sun bathing)
* Direct action activities (confronting and dealing with problems, regular aerobic exercise)
* Conversational activities (talking about your feelings with a friend)
* Anesthetic activities (alcohol, drugs, sleep)

Discuss the drawbacks and benefits of each.

Give each student a copy of Worksheet 6: COPING WITH STRESS IN A POSITIVE WAY. Use the following summary to promote discussion:

Positive ways to cope with stress and depression include the following important techniques:

* Talk over problems.
* Understand that this period of stress or depression will pass.
* Examine the situations leading to the stress or depression.
* Get into regular aerobic exercise.
* Use "affirmations."
* Practice relaxation techniques.
* Take control.

Activity 7: Offer guidelines on what students can say to a friend who is using drugs.

Students may be willing to talk with their friends who are having problems with drug or alcohol use but may not know how to go about it in an effective way. Here are some general guidelines:

* In talking with someone who is heavily involved in alcohol or drugs and who has a history of suicidal behavior or depression, we should not focus on the illegality or the rebellious aspect of alcohol or drug use or on the enjoyable aspect of it. Instead, we should focus on the fact that the person is increasing the likelihood of further self-destructive behavior, including suicide.

* The strong emphasis should be on "I am concerned about what you are doing to yourself and how you're harming yourself." And this point needs to be emphasized: the adolescent may see no hope without feeling stoned or high all the time. He or she sees feeling stoned his or her only outlet from the emotional pain he or she experiences.

Activity 8: Assign homework (optional).

Select an assignment from the "Supplementary Activities" section on page 89 of this guide or assign homework that reinforces the affective and cognitive objectives of this lesson.

COPING WITH STRESS IN A POSITIVE WAY

There are a number of ways to cope with stress and depression other than using drugs and alcohol. These include:

* Talk over problems. When we are stressed or depressed, we sometimes feel that our problems will last forever. One of the best ways to gain perspective on our problems and feelings--to widen our tunnel vision--is to talk them over with friends, family members, teachers, clergy, counselors, or others who are willing and able to help.

* Understand that this period of stress or depression will pass. Most people experience stress and depression from time to time. These periods come and go; and we get more and more practice getting over them quicker and easier.

* Examine the situation(s) leading to the stress or depression. Not all depressions have clear-cut causes, but some do. Sometimes the breakup of a relationship, a poor grade, not getting into the college of our choice, and other such events can lead to depression. Often depression comes from a buildup of many negative events which in themselves would not be enough to trigger feelings of hopelessness.

  Once we have identified the causes of our depression, we should do what we can to change them. Sometimes, just looking at the causes of our depression and realizing there are real reasons for it can ease the depression.

* Get into regular aerobic exercise--exercise that uses the large muscles of the body, increases the heart-rate, and is sustained over a period of at least twenty minutes. Examples of aerobic exercises include running, swimming, bike-riding, cross-country skiing, and brisk walking.

  A regular program of aerobic exercise can alter the body chemistry enough so as to alleviate depression. Also, exercise increases the oxygen supply to the brain, which helps us to feel more relaxed, more alert, and less tired--another antidepressive state.

In addition, exercising on a regular basis helps to structure the day and gives us a sense of control and predictability that helps us to reduce our feelings of helplessness.

Sometimes, when we are depressed, starting an exercise program is very difficult. Therefore, it is helpful if students enlist the aid of someone they trust, such as a friend, family member, or teacher, who can help them start and sustain an exercise program.

* Use "affirmations." Make a recording, note, or art project out of ideas such as, "I will get better," "I will feel better soon," or "I am OK." They can help us boost our morale and feelings of hopefulness and deal with the everyday feelings of stress and depression.

* Practice relaxation techniques. Stress can often be alleviated by slow, rhythmic breathing exercises, slow stretches, or simple daydreaming to take a "mental vacation" from the problems which confront us all. Meditation is another positive way to take control of our life rather than allowing life's demands to overload us.

* Take control. To cope with depression, it's especially helpful to do things that give us a feeling that we're in control. One of the scary things about depression is that we don't feel like doing anything--and in fact we don't feel capable of doing anything. We feel helpless. If we feel this way, the most important thing we can do is to get and accept help until we can once again take charge.

LESSON 4: HOW YOU CAN HELP A SUICIDAL FRIEND

Goal:

To give students skills to enable them to help a friend who is suicidal

Objectives:

Identify four steps in helping a suicidal friend.

Demonstrate how to communicate effectively with a friend if he or she exhibits warning signs of suicidal behavior.

Materials:

Worksheet 7: HOW YOU CAN HELP A SUICIDAL FRIEND

Worksheet 8: COMMUNICATING EFFECTIVELY WITH A SUICIDAL FRIEND

Worksheet 9: CHRIS AND PAT, PART II

Preparation:

Read the information in the Worksheets so you'll be prepared to present it effectively and answer students' questions.

Decide how you will use the dialogue between Chris and Pat. You might read it yourself or have students act out the parts. For guidelines on conducting effective role playing, see page 90.

Overview:

Activity 1: Review the warning signs of suicide.

Activity 2: Present steps in helping a suicidal friend (WORKSHEET 7).

Activity 3: Practice communicating with a suicidal friend (WORKSHEET 8).

Activity 4: Discuss techniques for helping a suicidal friend (WORKSHEET 9).

Activity 5: Assign homework (optional).

LESSON 4: HOW YOU CAN HELP A SUICIDAL FRIEND

Lesson Plan

Activity 1: Review the warning signs of suicide from Lesson 2.

You may wish to write these warning signs on the board once again:

* Recent suicide in the family
* Direct or indirect threat of suicide
* Recent losses
* Traumatic events
* Sudden changes in school behavior
* Sudden changes in personality or attitude
* Sudden changes in appearance
* Heavy use of alcohol and other drugs
* Making final arrangements

Activity 2: Present four steps in helping a suicidal friend.

The question on most students' minds is dealt with next: if someone came to me with a suicidal problem, what would I say, what could I do?

Distribute Worksheet 7: "How to Help a Suicidal Friend." Discuss the steps:

Step 1: **LISTEN.** The first step in helping a friend is to listen, especially to feelings. This isn't always easy. It's easier to try to solve problems right away, and this can be very frustrating to the person who just needs to talk.

To help students understand the importance of listening, put the following diagram on the board or flipchart:

A	B	C
crisis	feelings	actions

Many people, wanting to help quickly, go from A to C without paying attention to the feelings of the person in crisis. The would-be helper tries to help solve the problem. The reaction of the person who came for help is probably to feel overwhelmed and even more helpless. Ask students to think how they would feel if they told someone they felt suicidal and their friend started telling them what to do about it.

It's difficult to "just" listen when a friend is hurting and confused. The natural reaction is to try to solve the problem or to tell someone what he or she should do. Review the **DO's** and **DON'Ts** of listening to a friend that are included in Worksheet 7:

DO take seriously anyone who talks about suicide.

DO trust your intuition that your friend may be hurting and thinking of suicide.

DO listen carefully, particularly to the feelings behind the words.

DO NOT be a judgmental listener.

DO NOT give advice.

DO NOT try to call a bluff, daring your friend to do it.

Step 2: **BE HONEST.** Especially about feelings. Review the **DO's** and **DON'Ts** of being honest that are presented in Worksheet 7:

DO be direct by talking openly and honestly.

DO be honest about your own feelings.

DON'T keep a secret.

DON'T wait to notify an appropriate adult.

DO offer to go with your friend to get help.

Step 3: **SHARE FEELINGS.** Review the **DO's** and **DON'Ts** of sharing feelings that are presented in Worksheet 7:

DON'T be a cheerful phony.

DO tell your friend how you feel.

Step 4: **GET HELP.** Review the **DO's** and **DON'Ts** of getting help that are presented in Worksheet 7:

DO get help, even if your friend is reluctant to accept adult help.

DO understand a friend's reluctance to accept adult help.

DON'T delay if the situation is an emergency.

DO ask for help yourself when you don't know what to do for a friend.

Activity 3: Practice communicating effectively with a suicidal friend.

It isn't always easy to talk to someone who is feeling depressed and suicidal. The person may refuse to talk or walk away. If you're worried and really want to help, you may have to be persistent. Something that is helpful to remember if you don't know what to do or say is:

> Do whatever would help you in a similar situation.

Putting yourself in your friend's shoes encourages empathy; when caring is communicated, the words are secondary.

Distribute Worksheet 8: "COMMUNICATING EFFECTIVELY WITH A SUICIDAL FRIEND." Review the examples with the class.

Provide opportunities for students to practice the four types of communication presented in Worksheet 8:

(1) INITIATING DISCUSSION

(2) SHOWING THAT YOU CARE AND EMPATHIZE

(3) ASKING FOR CLARIFICATION

(4) GIVING SUPPORT OR LENDING PERSPECTIVE

At first, you may want to use the worksheet to "script" a discussion or to role-play. As students become familiar with the four types of communication, they can practice in pairs. For guidelines and additional role-playing scenarios, see the "Supplementary Activities" section, especially Scenario 4.

Activity 4: Discuss techniques for helping a suicidal friend.

Students read another dialogue between Chris and Pat in which Chris confides his/her intention of suicide to Pat, and Pat must convince him/her to go to someone for help.

Distribute Worksheet 9: "Chris and Pat, Part II." You may wish to read the dialogue to the class or ask two students to read it aloud.

Now discuss what happened in the dialogue, using questions like these to emphasize the main points:

* Why did Pat suspect Chris was considering suicide?

Chris gave Pat his/her tennis racket since she/he wouldn't be needing it any longer. Giving away prized possessions is a teenager's way of making a will and one of the most serious warning signs of an impending suicide.

* How did Pat determine Chris was thinking of suicide?

By asking directly.

* Did Chris swear Pat to secrecy? Did Pat agree?

Chris tried, but Pat promised to tell no one only if Chris talked to Ms. Gilford. This left Pat free to tell another adult, if necessary, to prevent Chris from committing suicide.

A suicidal teen will often try to bind a friend to a secrecy pact. Keeping a secret means losing a friend--forever. And that means living with the guilt that you could have done something. If a friend is considering suicide, try to help the person identify some responsible adult whom they could tell--even if it's the local suicide prevention hotline where the teenager is anonymous. Never be bound to a secrecy pact.

For a role-playing activity on <u>avoiding secrecy</u>, see the "Supplementary Activities" section, Scenario 6.

Activity 5: <u>Assign homework</u> (optional).

Select an assignment from the "Supplementary Activities" section of this guide or assign homework that reinforces the affective and cognitive objectives of this lesson.

HOW YOU CAN HELP A SUICIDAL FRIEND

If a friend of yours has threatened suicide, you may be a key to saving his or her life because suicide can be prevented. Four steps in helping are: listen, be honest, share feelings, and get help.

Step 1: **LISTEN.**
Listening is a door-opener. When you listen carefully for the words and the feelings behind the words, you communicate two very important messages: you take your friend's problems seriously and you care enough to want to help.

The first step is often the most difficult. Asking "What's wrong?" may be met with a shrug and a muttered "Nothing." It is important not to give up at this point; your friend needs to be convinced that you really care before he or she will talk about their feelings.

Questions that truly ask for information, seek clarification, or reach out for feelings are the most effective.

Once your friend starts talking, try to listen without making judgments or giving advice. Your tone should reflect your genuine sympathy and supportive feelings.

Interested questions are helpful, but statements that begin "Why didn't you...?" are not helpful because they steer the conversation toward blame and shut down communication. Statements such as "You'll get over it soon" imply that you don't take their problems seriously.

Be alert for words and phrases that suggest suicidal intent. Statements such as the following may be meant quite literally:

"I'd rather die than go back to school,"

"I can't take it any more!"

"Everybody would be better off if I wasn't around."

The way to find out if a friend is suicidal is to ask. This will not "put the idea in his or her head." In fact, NOT talking about his or her suicidal feelings says you don't want to help and actually robs your friend of the chance to reach out and get help.

DO take seriously anyone who talks about suicide.

DO trust your intuition that your friend may be hurting and thinking of suicide.

DO listen carefully, particularly to the feelings behind the words.

DO NOT be a judgmental listener.

DO NOT give advice.

DO NOT try to call a bluff, daring your friend to do it.

Step 2: **BE HONEST.**
If there is ever a time when honesty pays, it is in dealing with suicidal friends. Honesty applies particularly to feelings. If you tell your friends you're not angry when your actions show you are, they may decide that you can't be trusted. If you're scared, confused, upset, or angry about their suicidal feelings, <u>say</u> <u>so</u>.

You also have to be honest about what you will and won't do. IT IS VERY IMPORTANT TO AVOID SECRECY.

Suicidal people often have very little self-esteem. Their fear of humiliation and rejection ranks with their fear of death. They don't want other people to know they're feeling suicidal. They want <u>you</u> to keep their secret--at all costs!

DO NOT keep a suicide plan a secret however much a friend begs you to keep it confidential. Find out who or what your friend fears if the suicidal intentions are revealed. Then try to agree on who is "safe" and can be trusted with the information.

DO NOT wait to notify the appropriate adult. After all, it's better to risk having a friend angry with you for violating confidentiality than dead because you failed to act in his or her best interest!

DO offer to go with your friend to get help. Instead of agreeing to keep the secret, suggest getting help from "safe" people who can offer help.

Step 3: **SHARE FEELINGS.**
At times, everyone feels sad, hurt, or hopeless. You know what that's like--share your feelings.

DO NOT be a cheerful phony. It's okay to say directly "I feel scared by what you're telling me."

DO tell your friend how you feel. Communicate your caring and that you're a safe person to talk with.

Talking about your own feelings is not always easy; it's difficult to open up and express feelings such as:

"I feel anxious when I see that you're unhappy and I don't know why."

"Talking about suicide makes me feel uncomfortable."

"I remember when I thought my whole world had collapsed and I believed that if I told my father, he'd get angry with me."

Step 4: **GET HELP.**
This is often the hardest step, especially if your friend asks you not to tell anyone.

DO get help, even if your friend is reluctant to accept adult help. It is crucial to get adult help. Your friend needs help to know how to handle his feelings, and you cannot provide all the help that's needed. His or her life may depend on you getting help.

DO understand a friend's reluctance to accept adult help. If the help is from the school, your friend may fear that their problems will become a part of their school record or be discussed on the school "grapevine." If the help is from relatives, they may fear that their parents will be told about matters they consider private. If the help is from a professional, they fear it will "prove" that they are mentally ill.

DO NOT delay if the situation is an emergency. Get help from an adult as fast as possible: a school staff member, a family member, a counselor, or the police.

DO ask for help yourself when you don't know what to do for a friend.

Finally, if you're wondering what techniques to use in helping a suicidal friend, reflect on times when others helped you. Recall what they said, what they did, and how they communicated their caring. Recall what they did or did not do that might have turned you off--how they avoided sermonizing, how they helped you explore alternatives, how they didn't impose their solutions on your problems.

In summary, the four important principles of suicide prevention are: listen, be honest, share feelings, and get help.

COMMUNICATING EFFECTIVELY WITH A SUICIDAL FRIEND

When you're trying to help a friend, it helps to know what to say to (1) initiate discussion; (2) show caring and empathy; (3) ask for clarification; and (4) give support and lend perspective.

(1) INITIATING DISCUSSION

"Julie, is something wrong? You seem so down lately."

"I haven't seen much of you lately. Can we get a snack or something and talk?"

"You seem to want to be alone a lot."

"It looks like you're really unhappy about something."

"Can you tell me what's bothering you?"

(2) SHOWING CARING AND EMPATHY

"I remember when I felt like that."

"What are you feeling now?"

"What happened then?"

"What worries you most?"

"I can imagine how that feels."

"I feel the same way when someone does that."

"Everyone gets depressed sometimes. I know I do."

(3) **ASKING FOR CLARIFICATION**

"I'm not sure I understand ..."

"Do you think (this) happened because of (that)?"

"When did it happen? Was it before or after...?"

"What do you do when you feel that way?"

"Is it so bad you REALLY don't want to go on?"

"What do you mean when you say you can't take it anymore? Do you mean what I think you mean? Are you thinking of suicide?"

(4) **GIVING SUPPORT AND LENDING PERSPECTIVE**

"Let's call your mother and see if you can spend the night with me. You don't want to be alone right now."

"Maybe some people do think that, but I don't."

"You said 'always' and it only happened twice. That's not always."

"That's true. If you killed yourself, Greg would feel just awful for awhile. But he couldn't go on feeling that way. By next year, he'd probably have a new girl friend and be thinking about college. And you'd be dead."

"You aren't flunking yet. You got a D on your midterm."

CHRIS AND PAT, PART II

Walking home from school the next day, Pat sees Chris slouching along ahead of him/her.

PAT: Hey, Chris! Wait up. (Chris looks back but keeps on walking). Chris! I have to talk to you.

CHRIS: (stopping reluctantly) Why? What's the matter?

PAT: That's just what I was going to ask you. I found your tennis racket on my back porch. Am I supposed to keep it? How come you're giving stuff away?

CHRIS: Why not? I won't need it.

PAT: Why won't you need it? Chris, are you thinking of--well, of killing yourself?

CHRIS: Why do you ask that?

PAT: Because I can see you aren't happy, and it worries me. Please, Chris, answer me.

CHRIS: Okay, I am.

PAT: Oh, Chris! In a minute I'm going to cry.

CHRIS: My mom's got a gun. She doesn't think I know. It's on her closet shelf and it's loaded.

PAT: You've got it all figured out, haven't you? So, when? Have you got that planned, too?

CHRIS: Soon. Maybe this weekend. I've always got the house to myself on Saturday.

PAT: Chris, promise me one thing. Just one thing. Promise me it won't be this weekend. You can always kill yourself on Monday or Tuesday if you still want to. Just don't do it this weekend.

CHRIS: What's it to you when? It's not your life.

PAT: What do you mean? Of course, it's my life. You're just like one of my own family, Chris. You're really hurting me, you know. I can't bear the thought of losing you. Please promise!

CHRIS: (after a long silence). Okay, I promise.

PAT: (with a sigh of relief). Oh, Chris, thank you. Now, tell me why. You must feel really awful to think of dying.

CHRIS: Nothing works, Pat. I keep trying and nothing works. I'm flunking practically everything. I can't study. I open a book and my mind goes off in a million directions. I can't sleep. I can't even eat. I choke up. Nothing's any fun, anymore. And my mom doesn't care. She doesn't even notice.

PAT: Gee, Chris, I didn't know you felt so bad. Listen, why don't we go to my house? My folks are at work.

CHRIS: I don't want to get you in trouble.

PAT: I can take care of my troubles. Come on. Let's go.

At Pat's house, Chris talks for a long time. Pat mostly listens, but when s/he understands how Chris feels, s/he says so. Once s/he says, "It's awful to feel like you're a failure. Of course, I don't think you are. How could I? You've been really great to me." Pat fixes a snack. Chris doesn't want any, but Pat puts it down anyway.

PAT: You might feel like it later on. Chris, I'm going to tell you something I've only told one other person. Last year, I almost killed myself.

CHRIS: You! How come?

PAT: I was new here, remember? I didn't know anyone except Jodie and then my folks made me break up with him/her.

CHRIS: I kinda remember you hanging out with him/her. That kid's bad news.

PAT: I know that now, but I didn't then. And he/she was the only one who paid attention to me. I thought I'd rather die than not see him/her. I had it all planned and everything.

CHRIS: What happened? Why didn't you?

PAT: My grandmother died. In Kansas. My mother felt just awful because she hadn't been there in two years. I knew I had to go to the funeral with her. And that just seemed to change things. Maybe it was knowing someone I loved was dead or hearing people talk about how good and happy she was in spite of all the troubles she'd had--I don't know.

Anyway, when I came back I went and talked to Ms. Gilford and that made me feel a lot better. And then you asked me to your party, and I met a lot of kids and had fun and--well, that's one reason I want you to stick around, Chris. But mostly, it's because you're a really good person and a good friend and--well, I'd miss you so terribly.

CHRIS: I wouldn't talk to Ms. Gilford. She's a school counselor. She'd tell my mother--everyone. And anyway, what good would it do?

PAT: She wouldn't tell people. She promised me she wouldn't and she didn't. YOU didn't know, did you? I don't know whether it would do you any good or not, Chris, but what have you got to lose?

CHRIS: I'd feel dumb, walking in and saying, "I don't know what's wrong, but I'm going to kill myself."

PAT: She wouldn't think it was dumb. And anyway, you don't have to go alone. I'll go with you, and I'll stay until you tell me to leave. Come on. Let's do it now. Please, Chris?

CHRIS: Well ... okay. But I'm not promising I'll stay. Listen, Pat, don't tell anyone else, okay.

PAT: Okay. Not if you'll tell Ms. Gilford.

LESSON 5: FINDING HELP IN YOUR COMMUNITY

Goal:

To enable students to identify and use appropriate resources in their community for themselves or their friends.

Objectives:

Demonstrate how to communicate effectively with a suicidal friend in getting them to someone who can help.

Identify agencies and professionals in the community that offer help to depressed or suicidal teens.

Demonstrate how to find emergency help.

Materials:

Worksheet 10: ENCOURAGING A FRIEND TO GET HELP

Worksheet 11: HELPING RUTH

Worksheet 12: SUICIDE PREVENTION QUIZ

Telephone directory, White and Yellow Pages

Preparation:

Read the information in the worksheets so you'll be prepared to present it and answer students' questions.

Consider inviting the school counselor to speak to the class.

Determine how you will conduct the dialogue between Ruth and Mary. You may want to assign a few pairs of students to present the dialogue as a role-playing exercise followed by a discussion. (For guidelines on conducting effective role-playing exercises, see page 90.)

Determine if you want to use the Suicide Prevention Quiz as a graded test or as a "post-test" for use only in class discussion.

Familiarize yourself with the emergency numbers section of the telephone directory and be prepared to demonstrate how to find services for suicidal students.

Lesson 5

Overview:

Activity 1: Review the steps in helping a friend.

Activity 2: Practice communicating with a suicidal friend.

Activity 3: Review the community resources assignment.

Activity 4: Demonstrate how to locate help in an emergency.

Activity 5: Give the Suicide Prevention Quiz (optional).

LESSON 5: FINDING HELP IN YOUR COMMUNITY

Lesson Plan

Activity 1: Review the steps in helping a friend.

Write on the board the four steps in helping a suicidal friend:

Step 1: Listen.
Step 2: Be honest.
Step 3: Share feelings.
Step 4: Get help.

Ask students to recall the **DO**s and **DON'T**s of each step.

Activity 2: Practice communicating with a suicidal friend.

The goal of this activity is to give students specific techniques they can use to encourage a suicidal friend to seek adult help.

Distribute Worksheet 10: ENCOURAGING A FRIEND TO GET HELP. Review and discuss the techniques, then provide the following practice activities:

Using the examples in Worksheet 10 as a start, ask students for other phrases they might use to convince a friend to go for help.

Use the dialogue in Worksheet 11, "Helping Ruth" as a dramatic illustration of how to overcome someone's resistance to getting help.

See the "Supplementary Activities" section for an optional role playing activity to provide additional practice.

Activity 3: Review the community resources assignment.

Have students report on the information they gathered on school and community suicide prevention resources. Ask each team or individual to report their findings. They can use their completed copy of Worksheet 3 to review their recommendations. (You may decide to collect and grade Worksheet 3 as an exploration assignment.)

As the information on each resource is given, begin forming a master copy of the COMMUNITY RESOURCE LIST.

> Use the model on the next three pages to help make up your classes' COMMUNITY RESOURCE LIST.

* Each student should have a copy of the master list to keep. You can provide a copy of the list in several ways: have students fill in the information on their own worksheet as it's reported; write on an overhead transparency during the reports and have students copy what you've written; or make up and duplicate a master list and give copies to students the following day.

* You may also want to have students transfer information from the master list to a wallet-size card, which they may carry with them and duplicate to share with others.

COMMUNITY RESOURCES FOR TEENS IN CRISIS

You are not alone in helping a troubled, suicidal student. Here are the names of some of the resources available in our community:

*** SUICIDE PREVENTION CENTERS**
There are 30 suicide prevention and crisis centers in California. Most of these centers operate 24-hour telephone hotlines. Students and their parents may call these hotlines directly and confidentially. They are staffed by trained volunteers who can listen, respond, and refer callers to others for appropriate help.

_____

_____

_____

_____

*** CRISIS CENTERS**
A crisis center provides counseling services, often around the clock. Services may include outreach teams that can be dispatched at any time to a person in crisis.

_____

_____

_____

_____

*** COMMUNITY MENTAL HEALTH AGENCIES**
Other sources of help include mental health clinics, family service agencies, family physicians, or clergy.

_____

_____

_____

_____

* **EMERGENCY SERVICES**
If a suicide is discovered in progress--if, for example, a student is found unconscious next to a bottle of sleeping pills--emergency services (such as 911, suicide prevention center, or police) should be called at once. If possible, the youth should be brought to the emergency room of the nearest hospital.

*** SUPPORT GROUPS**

Siblings and parents of an adolescent going through a crisis need support as well. Families Anonymous is one example of a national support group that helps families in crisis. Others include:

Activity 4: Demonstrate how to locate help in an emergency.

* Give brief instructions on how to look up emergency numbers in the front section of the phone directory or under specific services in the white or yellow pages.

* Distribute a phone directory and ask for volunteers to look up various emergency numbers.

* If you have prepared a list of important phone numbers for your class, pass it out at this time.

Activity 5: Give the Suicide Prevention Quiz (optional).

Use the Suicide Prevention Quiz at the end of this lesson as a post-test after you have completed the five lessons.

It's best to wait a day or two after completion of the suicide prevention unit before you give the quiz.

Answers To The Suicide Prevention Quiz

1. Second.
2. False.
3. False.
4. Listen, be honest, share feelings, get help.
5. True.
6. Disagree strongly.
7. No correct answer; offer additional guidance to students who still feel uncomfortable.
8. True.
9. Accept any four answers from Worksheet 6: Talk over problems, understand that stress and depression will pass, examine the situations leading to stress and depression, get into aerobic exercise, use affirmations, practice relaxation techniques, put yourself in charge.
10. Either "Yes" or "No" may be correct depending on whether there is a suicide prevention center nearby.
11. Disagree strongly.
12. Disagree strongly.
13. Almost always or usually.
14. Any three places such as the emergency numbers in the front section, or in the white or yellow pages under specific services such as "crisis clinics," "counselors," "clergy," etc.
15. False.
16. Any four from your class Community Resource List.
17. Disagree strongly.
18. Any four of the list in Worksheet 4: recent suicide in the family; suicide threat; recent losses; traumatic events; sudden changes in school behavior, personality, or attitude; heavy use of alcohol or other drugs; and making final arrangements.
19. Disagree strongly.
20. False.

ENCOURAGING A FRIEND TO GET HELP

If your friend has a plan (how and when) for committing suicide, IT IS AN EMERGENCY SITUATION, AND YOU MUST GET HELP IMMEDIATELY.

If your friend doesn't want to go for help, it's probably because he or she doesn't want others to know. Try asking:

"Who would you definitely NOT want to know?"

Once those people are specified, you can ask if there is any other adult who could be trusted and who might help.

If there is no one your friend would trust, ask if he would be willing to call the local suicide crisis center.

If your friend won't agree to talk with an adult, talk to someone yourself--a parent, teacher, counselor, or crisis center volunteer--and find out what to do next. Your friend turned to you because you could be trusted to help. You can help, but not alone.

Here are some ways to convince a friend to go for help:

"I want to help, BUT I think we should get some other help, too."

"Do you think you could tell (your mother, your brother, a teacher, a counselor)?"

"You can talk to the crisis center on the phone, and they won't even know who you are."

"I won't let you kill yourself. You and I are going to see _____ right now."

HELPING RUTH

MARY: Hi, Ruth ... gee, you're looking really down. What's the matter?

RUTH: Oh, nothing much, I guess.

MARY: Come to think of it, Ruth, you've been down a lot lately. Is something bothering you?

RUTH: Just the usual... you know, I feel so lonely since I broke up with Tony. And now he's dating Serena ... I saw them in the cafeteria today and he just looked at me and grinned. I felt like killing him ... or killing myself.

MARY: You really do feel bad, don't you?

RUTH: What we had was so special and I know I'll never feel like that about somebody again. And no one will ever love me again.

MARY: I guess it can seem that way. That's kinda how I felt when John and I broke up. Like I was all alone.

RUTH: Yeah, even my parents don't care about me. All they ever do is fight about money and work all the time.

MARY: Sounds like they've got problems too.

RUTH: Yeah, I might as well be dead for all they'd care.

MARY: Gee, Ruth, it really scares me when you say things like that. And you've said a couple of times that you'd like to kill yourself or you'd be better off dead. Ruth, ... are you thinking of killing yourself?

RUTH: I don't know ... maybe. I think about it sometimes... In fact, I went to the drug store and bought a whole bunch of bottles of different pills. But I'm not sure which kind are strong enough ... you know, what would really work and how many to take. Ugh ... I'd hate to wake up getting my stomach pumped! But I'm such a failure, that's probably what would happen.

MARY: Ruth, I care about you. I don't want you to do anything like that.

RUTH: Yeah, I know, Mary. You're my friend... Listen, you won't tell anybody about this, will you? When I go, it's going to be dramatic. Then Tony will be sorry he did this to me!

MARY: Ruth ... if you took those pills, you wouldn't be around to find out how Tony was feeling. Ruth, I want you to see Mrs. Wyman, the school counselor.

RUTH: Oh, forget it! I'm not talking to her... she'd just tell my parents. Mary, don't tell anybody about this!

MARY: Ruth, I can't do that. You've got to talk this over with somebody. How about Mr. Clawson in English? He's pretty neat.

RUTH: Well... maybe. He's okay. But Tony's in his second period class, and I don't know want him to know we broke up... Mary, I don't even know what to say, how I'd start a conversation with him.

MARY: I'll tell you what, Ruth ... I'll go with you. I have Mr. Clawson for American Lit... and he and I get along pretty well. C'mon, let's go find him now.

SUICIDE PREVENTION QUIZ

School: _____ Grade: _____

Class: _____ Date: _____

PLEASE ANSWER ALL THE QUESTIONS

1. How common is suicide as a cause of death among people between the ages of 15 and 24?

___ Tenth leading cause of death

___ Sixth leading cause of death

___ Second leading cause of death

___ First leading cause of death

2. Talking to a person about his or her suicidal feelings is likely to cause him or her to attempt suicide.

___ True ___ False

3. Young people who are "perfectionists" rarely feel suicidal.

___ True ___ False

4. List four steps in helping a friend who is suicidal.

1. _____

2. _____

3. _____

4. _____

5. A person who accidentally overdoses on a drug may be indirectly attempting suicide.

___ True ___ False

6. When someone threatens to commit suicide, calling their bluff and daring them to do it is a good way to bring them to their senses and help them see how unconstructive suicide is.

___ Agree strongly

___ Agree somewhat

___ Disagree somewhat

___ Disagree strongly

7. If a friend of mine was considering suicide, I would feel comfortable bringing up the topic of suicide with him or her.

___ Agree strongly

___ Agree somewhat

___ Disagree somewhat

___ Disagree strongly

8. Drug and alcohol abuse are known to be associated with a higher risk of suicide.

___ True ___ False

9. List four ways to handle stress in a constructive way.

1. _____

2. _____

3. _____

4. _____

10. There's a suicide prevention center in my area.

___ Yes ___ No ___ I'm not sure

11. Suicidal people really want to die, so there's no way to stop them.

___ Agree strongly

___ Agree somewhat

___ Disagree somewhat

___ Disagree strongly

12. The best way to help a suicidal friend is to try to talk him or her out of it.

___ Agree strongly

___ Agree somewhat

___ Disagree somewhat

___ Disagree strongly

13. People who are considering suicide give warnings to friends:

___ Almost always

___ Often

___ Sometimes

___ Almost never

14. Name three <u>places</u> listed in your telephone directory where you can find help for someone in a suicidal crisis.

1. _____

2. _____

3. _____

15. A person who talks about his or her suicidal intentions is not likely to attempt suicide.

___ True ___ False

143

16. Name four places located in your community that can help a young person in a suicidal crisis.

1. _____
2. _____
3. _____
4. _____

17. If a friend has a plan to commit suicide, you can be helpful by promising to keep it a secret.

___ Agree strongly

___ Agree somewhat

___ Disagree somewhat

___ Disagree strongly

18. List four warning signs of suicide in a young person.

1. _____
2. _____
3. _____
4. _____

19. If you ask someone directly if they're thinking about suicide, you'll only put the idea in his or her head.

___ Agree strongly

___ Agree somewhat

___ Disagree somewhat

___ Disagree strongly

20. Suicide is a crime in California.

___ True ___ False

SUPPLEMENTARY ACTIVITIES

This suicide prevention unit can be taught in five classroom periods using the lesson plans provided in the Guide. However, including a sixth period in which to expand the unit is highly recommended, particularly if this time is used in ways that makes the nature, seriousness, and potential for prevention of teenage suicide come alive for the students. Other activities designed to expand the unit can also be used for extra credit assignments.

Classroom Visits

Visits to the classroom by appropriate individuals personally touched by teenage suicide can be effective in engaging students' interest and are therefore recommended. Classroom visitors may include the parents of a teenage suicide or counselors from the local suicide prevention center. Your local suicide prevention center can help you identify and make contact with such individuals.

Although the schedule of these individuals may influence when in the unit they visit the classroom, it is recommended that you complete at least the first two lessons before the visit. In this way, students have some background information about teenage suicide to help them in formulating questions.

Audiovisual Aids

A film, videotape, or slide presentation about teenage suicide can be a very effective way to engage students' interest in the topic and alter the pace of the unit.

A note of caution: SCREEN EACH AUDIOVISUAL AID AHEAD OF TIME TO BE SURE IT IS APPROPRIATE FOR YOUR CLASS AND YOUR COMMUNITY! We recommend that you avoid films that dwell on the macabre details of suicide; such preoccupation with the more gruesome aspects of suicide distracts students' attention away from the theme of prevention and may be objectionable to some students or parents.

A list of films, filmstrips, and videotapes on teenage suicide is included in the Implementation and Resource Guide.

You may wish to introduce the unit with a film or use a film midway through the unit between Lessons 3 and 4 to give students an opportunity to reflect on what they are learning.

Role-Playing Exercises

You can help make the most of the Suicide Prevention Program by giving students a variety of opportunities to practice the observation and communication skills taught in this unit.

Several role-playing activities are included in the lessons. You can use Worksheet 5 ("What's Going On With Chris?"), Worksheet 8 ("Communicating Effectively with a Suicidal Friend"), Worksheet 9 ("Chris and Pat, Part II"), or Worksheet 11 ("Helping Ruth") as the basis for role-playing exercises. In addition, you can use the following role-playing scenarios to reinforce the techniques taught in the five lessons.

The goals of a role-playing activity are to help students to:

* explore their feelings
* gain insights into their attitudes, values, and perceptions
* develop their problem-solving skills
* explore subject matter in varied ways. (Joyce and Weil, 1986)

Guidelines for Conducting Role-Playing Exercises.

When you ask students to role play a scenario, it's best if you set the scene for them and suggest key points for the rest of the class to focus on. You can also assign the rest of the class specific tasks as suggested in the scenarios that follow.

It's important to do everything you can to help students distance themselves personally from the role they are playing. It helps, for example, to use props such as different clothing, glasses, sports equipment, household objects, or anything that fits in with the scenario of the role-playing exercise. These props help to remind the role player and the other students that the role is different from the person playing the role. This distancing is especially important when students are playing uncomfortable roles such as that of a suicidal person.

After the role-playing exercise, you can help reinforce learning by asking the role players questions about their experience of the role-playing exercise. As you ask questions, stand behind the students and touch them; address them BY THEIR ROLE NAMES to help them maintain the role and yet keep a personal distance from it. Ask each role player questions such as:

"Chris, how did you feel when Pat said...?"

"Chris, what would you <u>like</u> to have heard Pat say?"

"Chris, what were you <u>hoping</u> Pat would say?"

After the role-playing exercise, thank each player IN HIS OR HER OWN NAME for playing the part of Chris, Pat, and so forth. Using the students' own names helps them to return to reality and keep the events of the role-playing exercise at a psychological distance.

The value of role-playing activities is enhanced by the discussion that follows the dramatization. Allow sufficient time for students to share their experiences in observing or participating in the role-playing exercise. Help the class with questions such as:

"What might you have said (wished, done) if you were playing the part of Chris?"

"How would you have felt if you were playing the part of Chris and Pat said...?"

You can help the class benefit from observing the role-playing exercise by asking them to state--in their own words--the purpose of the dramatization and the conclusions they drew from it.

Use the specific guidelines in each of the following scenarios to be sure you get the most out of each role-playing activity.

You may want to ask other students if they wish to play the parts, perhaps the next day. If you think your students may be uncomfortable playing the role of a suicidal teenager, assign this role to another staff member or play it yourself.

Scenario 1

<u>Goal</u>: to demonstrate understanding of the characteristics of teenage depression.

<u>Scenario</u>: Roberta and Chuck have observed several changes recently in their friend Doreen. Roberta thinks Doreen may be depressed, but Chuck doesn't think it's very serious. The two describe their observations and weigh the evidence.

<u>Discussion</u>: The class can discuss whether they agree with Roberta's or Chuck's conclusions.

<u>Background</u>: Lesson 2, Activity 1

***

Scenario 2

Goal: to demonstrate recognition of the warning signs of suicide.

Scenario: Marcus and Nancy are members of the school chorus. Marcus, who has just completed the Suicide Prevention Program has noticed what he thinks may be warning signs of suicide in Tim, one of the other members of the chorus. Nancy, who hasn't taken the Suicide Prevention classes, wants to know why Marcus thinks Tim might be suicidal.

Discussion: The class can help Marcus explain the warning signs to Nancy.

Background: Lesson 2, Activity 3

***

Scenario 3

Goal: to identify positive ways to cope with stress.

Scenario: Pamela confides to her friend Kathy that she's feeling overwhelmed by stress; Kathy listens as her friend relates a litany of problems. Kathy suggests ways to cope with the stress.

You may decide to take the role of Pamela yourself if you feel that your students might be uncomfortable playing the part of a teenager overwhelmed by stress.

Discussion: Half the class can comment on Pamela's stress; the other half can comment on Kathy's suggestions.

Background: Lesson 3, Activity 6

***

Scenario 4

Goal: to demonstrate effective skills in communicating with a friend who is using drugs.

Scenario: Arnie has been heavily into drugs and alcohol lately. His friend Wallace is concerned that Arnie may get into trouble because of some of the things he's seen Arnie doing. Wallace feels he needs counseling, but Arnie is reluctant to talk. Wallace has to make an effort to reach out to Arnie.

You may decide to take the role of Arnie if you feel that your students might be uncomfortable playing the part of a teenager who is heavily into drugs or alcohol.

Discussion: Half the class can offer suggestions about how Arnie can show more resistance to getting help; the other half can comment on techniques Wallace can use to communicate with Arnie and encourage him to seek help.

Background: Lesson 3, Activity 7 and Lesson 4, Activity 3

***

Scenario 5

Goal: to demonstrate listening skills.

Scenario: Naomi has been having a lot of problems lately. Her friend Jennifer encourages Naomi to talk.

Discussion: The class can offer suggestions to Jennifer about "active" listening.

Background: Lesson 4, Activity 2

***

Scenario 6

Goal: to demonstrate skill in avoiding a pact of secrecy with a suicidal friend.

Scenario: Jessica confides to her friend Jackson that she's considering suicide; she asks Jackson not to tell anyone saying, "I know you won't tell anyone because you're my best friend--the only one I can trust." Jackson avoids being sworn to secrecy.

Discussion: Half the class can help Jessica persuade Jackson to keep the secret; the other half can help Jackson avoid secrecy.

Background: Lesson 4, Activity 2 and Worksheet 7

***

Scenario 7

Goal: to demonstrate skill in being a nonjudgmental listener.

Scenario: Thomas is feeling overwhelmed by a number of problems. As he relates his problems to his two friends Alan and Bob, Alan consistently makes judgmental replies while Bob makes nonjudgmental statements.

Discussion: Give several members of the class a chance to play each of the roles. Have the class suggest problems to Thomas or replies to Alan and Bob--judgmental and nonjudgmental reactions to Thomas' problems.

Background: Lesson 4, Activity 2

***

Chalkboard Role-Playing Exercises

If you feel individual students might feel uncomfortable in role-playing situations, you may wish to try the following chalkboard role-playing exercise:

* Draw a circle face on the blackboard to represent Paul. Read the following description of Paul:

  > Paul has been very down. He finally confides in you that he is thinking about killing himself, that he is thinking of trying it tonight. He says he has been planning this for weeks. He then makes you promise not to tell anybody--especially his parents.

* Draw another circle face on the chalkboard to represent you--Paul's friend.

* Ask students to think how each character must be feeling. Divide the class in half, asking one half to "be" Paul, the other half to "be" the friend. Ask them to think out loud, talking as the characters might or responding to the characters. You can help whenever necessary by "coaching" either the "Paul-students" or the "friend-students" by asking questions. Practice initiating a discussion with Paul and make sure the four steps for helping are included in some way.

(Adapted from Value Exploration through Role Playing by Robert Hawley. NY: Hart Publishing Co., Inc., 1975.)

Writing Assignments

Writing assignments can be a useful way of reinforcing material learned in class, gauging students' mastery of the material, or providing extra credit opportunities. Some possibilities:

1. Responding to a friend's despairing letter

Write the following quotation on the board:

> "I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on earth. Whether I shall ever be better, I cannot tell. I awfully forbode I shall not. To remain as I am is quite impossible. I must die to be better, it appears to me. I can write no more."

* Ask students to suppose they had received this letter from a friend. Their assignment is to write a three-paragraph response in which they express concern about the writer and encourage him to seek help.

* After collecting the homework, reveal to the students that this quotation is from an actual letter written by Abraham Lincoln. Point out to the students that even though Lincoln felt depressed enough to want to die at one point in his life, after receiving comfort and help from a friend, his depression passed and he was able to go forward to lead the nation to a resolution of the Civil War. Depression passes, even though it is difficult to imagine that this is so when you're feeling so hopeless.

2. Playing "Dear Abby"

Ask students to play a "Dear Abby" columnist and provide advice to a young person contemplating suicide. The advice may include (a) the realization that depression does not last forever, but passes; (b) positive coping techniques; and (c) the importance of seeking professional help.

3. Keeping a Journal

Suggest that students to use their journals to record their thoughts and feelings about the suicide prevention unit and about the suicidal behavior they may observe in their friends or classmates.

Supplementary Activities

Reading Assignments

Assign students a reading selection from one of the books listed in the Implementation and Resource Guide. Ask them to write a book report or give an oral presentation about what they learned.

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INDEX

A

abuse, and risk groups, 50
aerobic exercise, and stress and depression, 53
alcohol or drug abuse, 47, 50
   as warning signs, 40
answers to quiz on suicide prevention, 79
appearance, changes in as warning sign, 40
attempted suicide, and risk groups, 50
audiovisuals, 89

C

classroom visitors, 89
communicating with a suicidal student, 52, 65, 73, 81
community resources, 8, 20, 25, 27, 74
   model list, 75
confidentiality, see secrecy
counselor, school, 9
crime, and suicide, 19
cultural differences 5

D

"Dear Abby" exercise, 95
depression, 6, 31, 32
   and risk groups, 50
   techniques for coping, 51, 53
discrimination and suicide risk, 46
discussion
   ground rules for, 5, 16
   of answers to quiz, 17
   techniques, 6, 7
drugs, categories, 47
drug or alcohol abuse, 47, 50, 52
   as warning signs, 40

E

emergency measures for suicidal crisis, 78, 81
ethics of teaching profession, 10
exercise, see aerobic exercise

F

feelings about suicide, 3, 58, 62
film, see audiovisual
final arrangements, as warning sign, 40

G

gays and suicide risk, 50
goals
   Lesson 1, 13
   Lesson 2, 29
   Lesson 3, 43
   Lesson 4, 55
   Lesson 5, 71
   of lessons, 1
   of the suicide prevention curriculum, 1
grading guidelines, 8

H

handouts, 9, 23, 25, 27, 39, 41, 53, 61, 65, 67, 81, 83, 85
helping a suicidal student, 19, 52, 57, 58, 59, 61, 63, 65, 73, 81
homework
   Lesson 1, 20
   Lesson 2, 37
   Lesson 3, 52
   Lesson 4, 60
homosexuals, and risk groups, 50
honesty with a suicidal student, 58, 62

J

journal writing, 95

L

learning disabilities, and risk groups, 51
Lesbians and suicide risk, 50
lesson plan
   Lesson 1, 15
   Lesson 2, 31
   Lesson 3, 45
   Lesson 4, 57
   Lesson 5, 73
Lincoln's letter of despair, 95
listening to a suicidal student, 57, 61
loners, and risk groups, 51
losses, as warning signs, 39

M

materials
   Lesson 1, 13
   Lesson 2, 29
   Lesson 3, 43
   Lesson 4, 55
   Lesson 5, 71
misconception about suicide, 3
misconceptions about suicide, 4
molestation
   and risk groups, 50

N

neglect, and risk groups, 50
nurse, school, 9

O

objectives
   Lesson 1, 13
   Lesson 2, 29
   Lesson 3, 43
   Lesson 4, 55
   Lesson 5, 71
overdose, and suicide, 19
overview
   Lesson 1, 14
   Lesson 2, 29
   Lesson 3, 43
   Lesson 4, 55
   Lesson 5, 72
   of the suicide prevention curriculum, 1

P

perfectionist, and risk groups, 50
preparation
   Lesson 1, 13
   Lesson 2, 29
   Lesson 3, 43
   Lesson 4, 55
   Lesson 5, 71
pressures, and stress, 45, 46
principal's role, 9
privacy, student and family, 5
psychologist, school, 9

Q

questions to ask a suicidal student, 65
quiz on suicide prevention, 85
   answers, 79
   introduction, 78
quiz on youth suicide, 23
   discussion of answers, 17

R

reading assignments, 96
references, 96
relaxation techniques, 54
risk groups, 49
risk-taking, and risk groups, 50
role-playing exercises, 35, 41, 59, 67, 73, 83
   guidelines for conducting, 90
   scenarios, 91

S

scenarios for role-playing exercises, 91
secrecy, 62
self-esteem, and risk groups, 50
sharing feelings, 58, 62
statistics on youth suicide, 15, 17
stress
   and youth suicide, 45, 46
   techniques for coping, 51, 53
sudden changes, as warning signs, 39, 40
suicide
   groups at risk, 49
   recent, in the family, 39
suicide prevention
   policy and procedures, 6
   quiz, 85
      answers, 79
      introduction, 78
suicide threats, as warning signs, 39
supplementary activities, 89

T

teaching about suicide, 3
teaching aids, 2
teaching strategies, 5, 6, 7
teen suicide, see youth suicide
teenagers in trouble, and risk groups, 50
traumatic events, as warning signs, 39

V

videotape, see audiovisual

W

warning signs, 34, 39
will, see final arrangements
writing assignments, 95

Y

youth suicide
  and drugs and alcohol, 48
  and stress, 45, 46
  groups at risk, 49
  problem of, 15
  quiz, 23
  statistics, 15, 17
  techniques for helping, 57, 61
  warning signs, 34, 39

Suicide Prevention Program for California Public Schools

Guide for Staff Awareness
In-Service Training

CALIFORNIA STATE DEPARTMENT OF EDUCATION
Bill Honig, Superintendent of Public Instruction
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TABLE OF CONTENTS

OVERVIEW 1

Goals of the Staff Awareness In-service Training . 1
Selecting Leaders for the Staff In-service Training 2
Materials 2
Preparation 3

THE STAFF AWARENESS IN-SERVICE TRAINING 5

Introduction 5
The Youth Suicide Prevention School Program . . . 5
The Problem of Youth Suicide 6
Stresses on Today's Students 9
Recognizing Students at Risk 11
Recognizing Warning Signs 11
Helping Suicidal Adolescents 12
Community Resources 13
The School Suicide Prevention Policy 13
Questions and Answers 13
Evaluation 13
Expanding the Meeting 13

RESOURCE MATERIALS 17

In-service Training Announcement 19
In-service Training Agenda 20
What Do You Know About Youth Suicide? 21
What Staff Members Can Do to Prevent Suicide . . . 23
Approaching Potentially Suicidal Students 31
What Would You Do? 35
Community Resources for Teens in Crisis 37
Staff In-service Training Evaluation Form 41

REFERENCES 43

INDEX 45

OVERVIEW

Goals of Staff Awareness In-service Training

The Staff Awareness component of the Youth Suicide Prevention School Program is designed to help staff members to:

* be aware of the scope and severity of the problem of youth suicide.
* recognize teenagers at risk for suicide.
* recognize the warning signs of suicidal crisis.
* identify the steps in helping a suicidal youth.
* identify resources in the community that can help a teenager in crisis.
* understand the goals of the Youth Suicide Prevention School Program.

To implement these goals, we suggest a one and one-half hour staff in-service training session to be held before the curriculum is introduced in classrooms. Here is a suggested agenda:

Time	Section	Page
(5 minutes)	Introduction	5
(15 minutes)	The Problem of Teenage Suicide . . .	6
(5 minutes)	Stresses on Today's Students	9
(10 minutes)	Recognizing Students At Risk	11
(10 minutes)	Recognizing Warning Signs	11
(15 minutes)	Helping Suicidal Adolescents	12
(5 minutes)	Community Resources	13
(10 minutes)	The School Suicide Policy	13
(10 minutes)	Questions and Answers	13
(5 minutes)	Evaluation	13
--	Expanding the Meeting	13

The following pages will help leaders to plan and prepare for an effective staff in-service training session.

Selecting Leaders for Staff In-service Training

A team consisting of a mental health professional and school administrator is very effective in leading and facilitating a staff in-service training on youth suicide prevention.

The primary leader should be someone with professional experience with the topic, such as a school counselor or psychologist, health teacher who has taught the subject to students, or a staff person from a local mental health office or suicide prevention center.

The school principal or other administrator should be present at the training session as well, to give information about the school's suicide prevention policy and to answer questions related to the school site.

Materials

* Announcement for the Staff In-service Training
* Chalkboard or flip chart
* Microphone and lectern
* Audiovisual equipment (if required). Check it out to be sure it works properly.
* U-shaped seating to promote discussion
* Refreshments, especially if the session is held after 3:00 in the afternoon
* Handouts:

  WHAT DO YOU KNOW ABOUT YOUTH SUICIDE? (see page 21)

  WHAT STAFF MEMBERS CAN DO TO PREVENT SUICIDE (see page 23)

  APPROACHING POTENTIALLY SUICIDAL STUDENTS (see page 31)

  WHAT WOULD YOU DO? (see page 35)

  SCHOOL SUICIDE PREVENTION POLICY (see principal)

  COMMUNITY RESOURCES FOR TEENS IN CRISIS (see page 37)

  STAFF IN-SERVICE TRAINING EVALUATION FORM (see page 41)

* Audiovisual aids (optional).

Preparation

Become thoroughly familiar with the content in this Guide, especially the handouts and be prepared to put the information in your own words. It is not effective to read the material aloud!

Become familiar with the school suicide prevention policy. There is time allocated toward the end of the session to describe the school's suicide prevention policy--what procedures are in place for handling attempted and completed suicides and which school personnel are available to help. It is recommended that the school principal present this portion of the training session. A copy of the policy should be distributed to each participant.

* If there is no policy in place, it is vital that one be developed and that staff members become familiar with it. There are guidelines for developing policy and procedures in the Implementation and Resource Guide.

If there has been a recent suicide or suicide attempt at your school, staff members will need to deal with their feelings before they can be effective in helping students. Acknowledge their concerns and provide an opportunity for them to talk privately with you after the in-service training session.

Plan ways to involve participants as much as possible. Involving participants can be accomplished by using the chalkboard or flipchart frequently and by encouraging staff members to contribute to the discussion through questions and comments as often as it seems appropriate. Illustrating the information with examples from your own experience will also involve your staff.

Find out what helping resources exist in your community. A list of school and community resources for helping suicidal youngsters and their parents must be available for all school staff members.

* Check first with the school's counseling office to determine whether a list of community resources exists and use it if available.

* If no such list exists, you will need to compile one. There is a list of suicide prevention and crisis centers in the Implementation and Resources Guide. Check to see which centers are located in your area.

* You may wish to include the names of services listed in your telephone directory. However, it is wise to do so only after a staff person has evaluated the qualifications of the providers, and services offered, and the appropriateness for your students.

  To identify other community resource organizations, look under "suicide" or "crisis" in the yellow pages of your telephone directory. Also check the emergency numbers at the front of the white pages. Then check other facilities such as hospitals and community mental health clinics. Your list should include names of contact people, their telephone numbers, and specific information about what the agency or person does.

  When you've compiled your list, call all the agencies and ask for the names of individuals to contact for the various services. You may even want to visit these agencies and pick up their literature to show staff members at the training session.

* Be prepared to describe the counseling resources that are available in your school.

Consider showing a film. Check the Implementation and Resource Guide for a list of selected audiovisual aids that will help focus attention on youth suicide and present important information in a dramatic and memorable way. SCREEN THE AUDIOVISUAL AIDS AHEAD OF TIME TO BE SURE THEY ARE APPROPRIATE FOR YOUR SCHOOL AND COMMUNITY. We recommend that you avoid films that dwell on the macabre aspects of suicide; such preoccupation with the gruesome side of suicide distracts staff attention away from the theme of prevention and may be objectionable to some.

If you decide to use an audiovisual aid, check to be sure your projection equipment is in good working order.

Duplicate the necessary number of handouts. In the "Resource Materials" section of this Guide there are five handouts you can use:

WHAT DO YOU KNOW ABOUT YOUTH SUICIDE? (see page 21)
WHAT STAFF MEMBERS CAN DO TO PREVENT SUICIDE (see page 23)
APPROACHING POTENTIALLY SUICIDAL STUDENTS(see page 31)
WHAT WOULD YOU DO? (see page 35)
COMMUNITY RESOURCES (see page 37)
STAFF TRAINING EVALUATION FORM (see page 41)

In addition, duplicate copies of the announcement and the school suicide prevention policy.

THE STAFF AWARENESS IN-SERVICE TRAINING

Introduction (5 minutes)

Welcome staff members warmly and give them credit for coming to an inservice training session on a topic that is often not easy to talk about. If there has been a recent suicide or suicide attempt at your school, acknowledge their concern about the problem.

If you are not a member of the school community, introduce yourself and give your professional qualifications.

Announce the goals of the in-service training (see page 1).

> Be sure to put this and subsequent content in your own words.

The Youth Suicide Prevention School Program

In 1983, the California State Legislature passed Senate Bill 947, authorizing the development and testing of a suicide prevention program. Although other states have since mandated similar programs, California was the first state in the nation to fight back against the suicidal deaths of teenagers through a statewide school-based prevention program.

The Youth Suicide Prevention School Program has four components:

1. A classroom curriculum for high school students
2. A staff awareness guide
3. A parent awareness guide
4. A resource and implementation guide.

The classroom curriculum includes five lessons which examine the problem of teenage suicide, identify warning signs, explain how to help a friend who is considering suicide, and describe community resources available to help students.

In-service Session

The philosophy underlying the Youth Suicide Prevention School Program is this: The best way to prevent teenage suicide is to talk openly about it and to directly address the problems and feelings experienced by teens. The emphasis is on youngsters helping others (and themselves) to find options other than suicide.

The curriculum is not a therapy program. It does not encourage personal revelations of school or family circumstances. Staff members are urged to watch and listen carefully to their students and to help those who are depressed or suicidal seek out and talk to someone they trust in their family, school, or community.

The Problem of Youth Suicide (15 minutes)

Hand out the questionnaire, "What Do You Know About Youth Suicide?" (see page 21). Allow about 5 minutes for completion.

Use the following material to discuss the answers to the questionnaire.

WHAT DO YOU KNOW ABOUT YOUTH SUICIDE?

Question 1: Approximately how many young people between the ages of 15 and 24 die by suicide in the United States each year?

5,000. There are approximately 5,000 reported suicidal deaths each year in the United States among young people 15 to 24 years of age. Suicide is second only to accidents as the leading cause of death in this age group. And the incidence of youth suicide may actually be higher, considering that many accidental deaths (such as those from reckless driving, drug overdoses, or "playing" with guns) may be undetected or unreported suicides.

If we take even the most conservative statistics, this means that at least fourteen young people die EACH DAY from suicide.

Question 2: The rate of youth suicide has remained relatively constant for the last 20 years.

False. During the last two decades, the rate of youth suicide has more than doubled. However, although it is too soon to be certain, there appears to be a recent, hopeful trend: the rate of increase in young suicidal deaths seems to be slowing.

Question 3: Boys attempt suicide more frequently than girls.

False. While young males die from suicide five times more frequently than do females, girls are estimated to attempt suicide about five times more often than boys.

Question 4: Approximately 20 percent of high school students think about suicide at some time during their high school years.

False. Surveys of high school students indicate that between 30 and 50 percent have thought about suicide during their high school years to the extent of planning the means of death (Ross, in Peck, Farberow, Litman, eds., 1985). More than ten percent reported having attempted suicide at least once (Smith and Crawford, 1986).

Question 5: A youngster who threatens suicide is only trying to get attention.

False. Students who talk about suicide should always be taken seriously. Talking about suicide is NOT just a bid for attention. Thoughts of suicide may occur when students feel themselves to be overwhelmed by problems which seem beyond their ability to solve. Threats of suicide have been called a "cry for help." They are, indeed, a bid for desperately needed attention and help. However, if a threat fails to elicit the help needed, the next step may be a suicide attempt.

Question 6: A student who has attempted suicide once is unlikely to try again.

False. Students who have attempted suicide once are likely to do so again unless help is given to resolve the problems which led to the attempt. To ignore the attempt--to brush aside the youth's problems as "not serious" or to punish the student--will only deepen the suicidal despair.

Question 7: Teens who are thinking of suicide usually give clues to their intentions.

True. Suicidal teenagers often give clear signals of their deep unhappiness and suicidal feelings. They make direct statements or threats about suicide, or they may speak of suicide indirectly, saying such things as "I'd be better off dead," "I won't be around to bother you much longer," or "I don't see much point to living."

Unfortunately, these signals are often misunderstood or ignored. Staff members should be alert for students who show sudden changes in behavior, attitude, or appearance, experience a drop in academic achievement, lose interest in activities, or make statements that seem to indicate a lack of interest in living.

Question 8: The use of drugs and alcohol has little relation to suicide.

False. Students who feel overwhelmed by problems may seek escape in drugs or alcohol. However, the relief is temporary, and the problems of drug use and abuse only compound the situation. Furthermore, since alcohol and many drugs are depressants, they only deepen the suicidal depression. Since the drug user and the suicidal person often have the same motivation--that is, to ease pain and endure problems--even an accidental overdose may be suicidal in intent.

Question 9: Suicide is a crime in California.

False. There was a time in our history when many localities passed laws against suicide, but that time is past. We have learned that instead of deterring suicides criminal sanctions only served to stigmatize and further alienate despairing people in need of help. Today, suicide is no longer a crime in any state in the Union.

Question 10. A young person who attempts suicide wants to die and cannot be rescued.

False. Most people who think or talk about suicide don't want to die so much as they want to stop the pain of living. They feel hopeless and helpless in the face of their problems, and death seems a way out. These mixed feelings create additional stress and add to their emotional burden. Furthermore, suicidal feelings are seldom constant. They appear in times of crisis or periods of depression. When the crisis or depression ends, so may the suicidal feelings.

Stresses on Today's Students (5 minutes)

During adolescence more dramatic changes occur than at any other time of life. Often these developmental changes create stress and pain; and many teens experience great difficulty coping with these pressures.

> You may want to ask staff to brainstorm a list of stresses on today's students. Here are some important ones to get you started:

*** FAMILY PRESSURES.**
Often, parents or guardians unwittingly create stress for their children by their own behavior. For example, rejection or indifference can hurt adolescents, making them feel uncared-for and neglected. When youngsters internalize these feelings, they can develop an uncaring attitude toward themselves.

Some parents may be overly protective and prevent their children from growing up at an appropriate rate. Other parents tend to be overly permissive and force children to take on experiences and responsibilities long before they are ready. In both cases, youngsters feel a great deal of stress which impedes their ability to function.

A recent study conducted by one northern California school district (North Marin Council PTA, 1985) looked at the types of stress experienced by students in grades six through twelve. For the subgroup of students in this study who had considered or attempted suicide, family pressures ranked second highest on their list of stressors.

*** SCHOOL-RELATED ISSUES.**
The same study determined that the greatest amount of stress reported by all students was school-related. Many students develop a strong need for success in school; exams, homework, and competition for grades can become very stressful. Failure, or fear of failure, haunts them. Getting into college--and for many students getting into the college of their choice--creates additional anxiety and may lead to stress, depression, and suicidal crises.

*** PHYSICAL CHANGES.**
Teenagers often misunderstand, resent, and feel extremely self-conscious about the physical changes they're going through. Their emotional reactions may be maladaptive and can result in withdrawal and depression.

*** PEER PRESSURE.**
When children enter into puberty, they're influenced more by their parents than by anyone else. Then, over the next two years, their friends begin to exert greater and greater influence. A major source of difficulty for adolescents is their inability to recognize the power of this peer influence.

***HOPELESSNESS AND DESPAIR.**
Teenagers tend to think that problems which cannot be solved quickly have no solution. They feel despair--convinced that the way they feel today is the way they will always feel. They haven't yet had enough experience to learn that intense feelings of pain don't last forever. However, their urge to live is still strong, and it often takes little more than a demonstration that someone cares to spark hope and to turn them away from suicide.

***DISCRIMINATION.**
Young people who are excluded from groups, teased, or otherwise singled out because, for example, they are gay or lesbian, disabled, or afflicted with a catastrophic illness such as AIDS are under additional stress that can lead to a suicidal crisis. Because they face rejection and are socially isolated, they don't have the safety valve of friendships as do more "socially acceptable" students.

Because of stresses such as these, teens engage in behaviors that are appropriate for them, if unwelcome or disturbing to adults. Their stress-driven behavior adds, of course, to the stresses on teachers and parents alike. It's in everybody's interest, therefore, for staff members, students, and adults in the school community to learn to:

(a) recognize youngsters at risk for suicide.

(b) recognize warning signs of suicidal intent.

(c) help suicidal adolescents.

(d) know where help is available in the community.

Recognizing Students at Risk (10 minutes)

Although there is no such thing as a "suicidal type," the statistics on youth suicide do suggest that there are certain characteristics in a young person that can alert you to potential suicide risk:

> Make sure each participant has a copy of the handout, WHAT STAFF MEMBERS CAN DO TO PREVENT SUICIDE. Point out the list of students at risk and review them as necessary.

* Teenagers who have attempted suicide previously
* Youth with little self-esteem
* Severely depressed young people
* Students in trouble
* Abused, molested, or neglected children
* Abusers of drugs or alcohol
* Perfectionists
* Gays and lesbians
* Unnecessary risk-takers
* Learning-disabled teenagers
* Loners

These characteristics appear in all social and economic groups, all kinds of families, and in all areas of the country. These youths may be difficult to recognize among their peers because it is in their feelings that they are different from others their age.

Recognizing Warning Signs (10 minutes)

Although a single, highly traumatic event can trigger a sudden suicide without warning, young people who are thinking about suicide almost always give signals before they attempt suicide. The key to preventing suicide lies in our ability to recognize and respond to these cries for help. A list of warning signs follows:

> Refer the participants to their copy of WHAT STAFF MEMBERS CAN DO TO PREVENT SUICIDE. Point out the list of warning signs and write them on the board as you discuss them.

* A recent suicide in the family
* Suicide threats
* Recent losses
* Traumatic events
* Sudden changes in school behavior
* Sudden changes in personality or attitude
* Sudden changes in appearance
* Heavy use of alcohol or other drugs
* Making final arrangements

Since almost all teenagers engage in rapid mood swings and experiment with aggressive or passive behavior during adolescence, it is sometimes difficult to differentiate between normal adolescent behaviors and those that indicate something is seriously wrong. Most of these signs can be considered part of normal growth unless (a) they persist over a long time; and (b) several signs are evidenced at once.

Teachers and staff members also need to remember that there are cultural differences in behavior and the expression of feelings. For example, Hispanic and Asian youngsters may be much more reticent than Anglo children in showing their feelings and less comfortable in talking about what is troubling them.

Helping Suicidal Adolescents (15 minutes)

Teen suicide can be prevented. School staff members and parents working together can make a difference in the life of young people who are in crisis.

Refer the participants to their copy of "WHAT STAFF MEMBERS CAN DO TO PREVENT SUICIDE." Also distribute the handout, "APPROACHING POTENTIALLY SUICIDAL STUDENTS."

Review the four principles of helping a suicidal teenager: listen, be honest, share feelings, get help. Also review the "APPROACH" guidelines from the handout.

See the Implementation and Resource Guide for additional guidelines on dealing with students potentially or actually in a suicidal crisis.

Community Resources (5 minutes)

Distribute the handout, "COMMUNITY RESOURCES" that you have prepared using the model on page 37 of the "Resource Materials" section of this guide.

The School Suicide Prevention Policy (10 minutes)

It is important that the school have a policy and that staff members be aware of it. Guidelines for developing a policy are included in the Implementation and Resource Guide.

At the in-service training session, it is preferable that the school principal discuss the school suicide policy and procedures including: what is done about suicide attempts and suicides and who in the school is responsible for taking action in such situations. Give each participant a copy of the policy.

Questions and Answers (10 minutes)

Although staff members will ask questions throughout the meeting, leave enough time at the end to respond to their questions and concerns.

Evaluation (5 minutes)

Give each participant a copy of the Staff Evaluation form on page 41 of this guide. Allow about 5 minutes for completion. The feedback you get will be useful in modifying future staff in-service training sessions.

Expanding the Meeting

1. Film Presentation

Select a film from the list of audiovisual aids in the Implementation and Resource Guide. A film will often help to trigger staff members' thoughts and feelings and focus attention on the importance of teen suicide. After the film, provide time for discussion. SCREEN THE AUDIOVISUAL AIDS AHEAD OF TIME TO BE SURE THEY ARE APPROPRIATE FOR YOUR SCHOOL AND COMMUNITY. We recommend that you avoid films that dwell on the macabre aspects of suicide; such preoccupation with the more gruesome aspects of suicide distracts staff attention away from the theme of prevention, and it may be objectionable to some.

2. Discussion: "What Would You Do?"

Divide the participants into small groups of five to ten members each. Give each group a copy of "What Would You Do?" (see page 35 of the "Resource Materials" section of this guide). Ask them to discuss the four case histories and make recommendations about the best ways to proceed. Allow about 15 minutes for this discussion.

When the small groups have finished, ask for a report of each group's recommendations. Be sure the following suggestions are included in the discussion:

* All four of these students are lacking in self-esteem.

* In each case, there is a lack of real communication between the staff member and student.

* When do you tell parents their child may be suicidal? In Michael's case, telling his parents immediately might fuel further arguments and contribute to his feeling that he is the cause of their fights. It might be better to have counseling help available for Michael when his parents are told.

* Jenny and Gary are both facing difficult situations in the near future. Time may be gained for Jenny by encouraging her to avoid the dance. Gary needs immediate help, preferably from an experienced professional.

* Michael and Melissa appear to be depressed, because they have encountered a series of problems. They need counseling to help them through this period and to give them hope for the future.

* Gary and Jenny are experiencing problems that make life difficult for them. They need professional help to help them gain self-esteem and change their accustomed ways of looking at life.

3. Discussion: "After A Suicide Attempt"

If there has been a recent suicide attempt in your school, you may want to spend some time discussing what to do.

* A student returning to school after a suicide attempt is likely to feel an increased sense of isolation and feel "different" from the others. Even though the problems leading to the attempt may be in the process of solution (and this is not always the case), great tact is needed by both teachers and classmates if the child is to resume school life successfully.

* The student's friends and classmates may find the situation difficult to cope with. (We all feel a little strange around those who have come close to death, and this feeling is particularly strong with teenagers for whom death has little reality.) The student's closest friends may need counseling to make the return as easy as possible. And if, as is often the case, the student has been relatively isolated for some time before the attempt, the teacher may wish to talk to a few of the most concerned and compassionate students and ask their help.

* Everyone may find it most comfortable to simply avoid the returning student. This is a time, however, when he or she needs friends; a smile or an invitation to join in activities can be positive for everyone.

* Since students often feel a morbid curiosity about the suicide attempt, it is best to focus on the unhappiness that preceded it rather than the sensational details. Emphasize those aspects of the incident that the students can do something about. "I think Mary may have felt that she didn't have very many friends," for example, or "John seemed worried about his school work." It is also best to suggest that students be casually kind rather than overwhelming the student with attention, since this will lead to the suspicion that "everyone knows."

* Since there may be work to be made up, staff members can easily make themselves available for extra help, which can be given in a sympathetic but straightforward manner. The returning student is already embarrassed and will be most grateful for an attitude of simple acceptance.

* No public announcement need be made.

RESOURCE MATERIALS

for

Staff Awareness In-service Training

IN-SERVICE TRAINING ANNOUNCEMENT

Youth Suicide Prevention

You are invited to a suicide prevention in-service training session for all staff members:

Date: _____

Time: _____

Place: _____

The goals of the session are to help school staff members:

* to be aware of the scope and severity of the problem of youth suicide
* to recognize teenagers at risk for suicide
* to recognize the warning signs of suicidal crisis
* to identify the steps in helping a suicidal youth
* to identify resources in the community that can help a teenager in crisis
* to understand the goals of the Youth Suicide Prevention School Program.

The classroom curriculum consists of five lessons which discuss the rise in teenage suicide, how to recognize the warning signs, how to help a friend who is considering suicide, and where to go in the community for help.

The curriculum is not a therapy program. It does not encourage personal revelations of school or family circumstances. It does, instead, strive to help students understand their own emotions and those of others better so that they may be more responsible decision makers.

If you have any questions about the Youth Suicide Prevention School Program, please do not hesitate to contact me.

Sincerely,

IN-SERVICE TRAINING AGENDA

The Staff Awareness In-service Training component of the Youth Suicide Prevention School Program is designed to help you:

* be aware of the scope and severity of the problem of youth suicide.
* recognize teenagers at risk for suicide.
* recognize the warning signs of suicidal crisis.
* identify the steps in helping a suicidal youth.
* identify resources in the community that can help a teenager in crisis.
* understand the goals of the Youth Suicide Prevention School Program.

To implement these goals, the in-service training session agenda will include the following activities:

Time	Activity
(5 minutes)	Introduction
(15 minutes)	The Problem of Teenage Suicide
(5 minutes)	Stresses on Today's Students
(10 minutes)	Recognizing Students At Risk
(10 minutes)	Recognizing Warning Signs
(15 minutes)	Helping Suicidal Adolescents
(10 minutes)	The School Suicide Policy
(15 minutes)	Questions and Answers
(5 minutes)	Evaluation

Thank you for participating in this important in-service training session.

WHAT DO YOU KNOW ABOUT YOUTH SUICIDE?

1. Approximately how many young people between the ages of 15 and 24 die by suicide in the United States each year?

___ 500 ___ 5,000 ___ 15,000

2. The rate of youth suicide has remained relatively constant for the last 20 years.

___ True ___ False

3. Boys attempt suicide more frequently than girls.

___ True ___ False

4. Approximately 20 percent of high school students think about suicide at some time during their high school years.

___ True ___ False

5. A youngster who threatens suicide is only trying to get attention.

___ True ___ False

6. A student who has attempted suicide once is unlikely to try again.

___ True ___ False

7. Teenagers who are thinking of suicide usually give clues to their intentions.

___ True ___ False

8. The use of drugs and alcohol has little relation to suicide.

___ True ___ False

9. Suicide is a crime in California.

___ True ___ False

10. A young person who attempts suicide wants to die and cannot be rescued.

___ True ___ False

WHAT STAFF MEMBERS CAN DO TO PREVENT SUICIDE

The Problem of Teen Suicide

Teenage suicide is now the second leading cause of death among young people ages 15 to 24. Only accidents account for more adolescent deaths, and many accidents may actually be undetected or unreported suicides.

In all, at least 5,000 young people kill themselves every year--that's about fourteen youth suicides EVERY DAY (National Center for Health Statistics, 1984). And the incidence of suicide attempts is staggering: an estimated 500,000 attempts last year.

Before you assume that your students are exempt from these frightening statistics, be aware that some studies report as many as 10 percent of high school students report they have made at least one suicide attempt and a third to half say they have thought about suicide to the point of deciding how to do it. Three-quarters of high school students report they have had a friend turn to them for help.

Clearly, suicide is a real and threatening problem for today's high school students. Therefore, it is important that you be able to recognize those teens at risk, recognize the warning signs, and know how to help a suicidal youth.

Recognizing Students at Risk

Although there's no such thing as a "suicidal type," some studies suggest that certain characteristics appear more frequently in young people at risk for suicide:

* **STUDENTS WHO HAVE ATTEMPTED SUICIDE PREVIOUSLY**--even if their attempts didn't seem very serious--are at high risk for suicide, especially when the problems that originally led to a suicide attempt haven't changed and they haven't received help in dealing with their problems.

* **STUDENTS WITH LITTLE SELF-ESTEEM** may become suicidal: their self-rejection is painful and humiliating. Worse, they may judge their own suicidal thoughts as weak, cowardly, or "crazy." It's a vicious cycle that can end in self-destruction.

* **SEVERELY DEPRESSED STUDENTS** may become suicidal. Depression can make us feel that life is not worth living. When that feeling strikes young people, they don't realize that it is temporary and there's always the danger that some further loss, failure, feeling of "not belonging," or being "hopelessly lost" will precipitate a suicide attempt.

* **TEENAGERS IN TROUBLE** with the law, with parents, or with peers can become desperate in seeking a way out; they may even prefer death to facing consequences. These students are sometimes emotionally volatile, perform poorly in school, and act impulsively--in some instances, violently. They generally cannot seem to live up to what others expect of them at home or at school.

* **ABUSED, MOLESTED, OR NEGLECTED CHILDREN** often feel guilty, ashamed, isolated, and indifferent to life. They can become depressed and suicidal even though the abuse occurred several years earlier.

* **ABUSERS OF ALCOHOL OR DRUGS** are at risk for suicide. These chemicals frequently contribute to the problems and stresses that can lead to suicide. And studies show that about 50% of young people who commit suicide have a recent history of substance abuse.

* **PERFECTIONISTS**--young people whose self-esteem comes largely from achievement--can become devastated over failure. They set high standards and have great expectations for themselves. They are anxious to do well at school and usually do. They underrate their own abilities and expect lower grades than they get. Their threshold for failure is low, so what may seem a small failure to others may be intolerable to a perfectionist.

* **GAYS AND LESBIANS**--young people who are struggling with, or because of, their sexual identity--appear to have a higher incidence of suicidal behavior than their heterosexual peers, perhaps because they are subjected to rejection, discrimination, and isolation from support networks.

* **UNNECESSARY RISK-TAKERS'** choice of high-risk sports, hobbies, and other unnecessarily dangerous activities can reflect indifference to life.

* **LEARNING-DISABLED STUDENTS** appear to have a somewhat higher incidence of suicide than others. Things are more difficult for them: they may feel unaccepted, alienated from their mainstream peers, discouraged about their life, and hopeless about their future.

* **LONERS**--socially isolated students--frequently are unable to relate to others and to develop an adequate support system and safety valve for their feelings.

These characteristics of teenagers at risk for suicide appear in all social and economic groups, all kinds of families, and all areas of the country. These youths may be difficult to recognize among their peers because <u>it is in their feelings that they're different from others their age.</u>

Warning Signs

Although a single, highly traumatic event can trigger a sudden suicide without warning, young people who are thinking about suicide almost always give signals in advance of what they are contemplating. The key to preventing suicide lies in our ability to recognize and respond to this cry for help.

* **A RECENT SUICIDE IN THE FAMILY.**
A recent suicide in the family, school, or community greatly increases the suicide risk of survivors for several reasons: unbearable grief, depression or guilt over the loss of a loved one, a fear of mental illness, or a notion that suicide presents an option--a way out of an unwelcome and painfully unhappy situation.

* **SUICIDE THREATS.** Most teenagers give clues to their suicidal thoughts, such as making direct statements about their intentions or less direct comments that they might as well be dead or that their family and friends would be better off without them. Sometimes warnings take the form of a preoccupation with death, such as when students write death poems or fill sheets of paper with sad or macabre drawings.

Suicide threats or hints should always be taken seriously; they are a very real sign of danger!

* **RECENT LOSSES.** Significant losses, major disappointments, and humiliation are misfortunes that adults learn to handle. However, for adolescents, these events can be devastating and can overtax their developing coping skills. Examples of such losses are: death or divorce of parents, breaking up with a girlfriend or boyfriend, losing a close friend or friendship, being cut from an athletic team, receiving bad grades, failing to achieve a goal, and so forth. Any of these losses can contribute to suicidal thinking, particularly if more than one loss is sustained in a short time period.

* **TRAUMATIC EVENTS.** In some instances, a crisis occurs that can plunge a teenager into instant despair and a suicidal act with little warning other than the event itself. These crises usually involve a sudden loss of self-esteem and a feeling that it is impossible to face tomorrow. Such a crisis may not necessarily appear serious to adults.

* **SUDDEN CHANGES IN SCHOOL BEHAVIOR.** Be alert for warning signs that you may observe in or outside the classroom:

* Abrupt changes in attendance. Remain alert to excessive absenteeism in a student with a good attendance record, particularly when the change is sudden.

* Dwindling academic performance. Question any unexpected and sudden decreases in school performance. Inability to concentrate, which leads to poor performance, is frequently found in suicidal adolescents.

* Sudden failure to complete assignments. This may be due to a variety of factors, including the one mentioned previously. This is often seen in depressed and suicidal youngsters.

* Lack of interest and withdrawal. It is difficult to observe subtle individual changes in a classroom full of students. However, one of the first signs of a potentially suicidal adolescent is general withdrawal, disengagement, and apathy. You may notice a sudden lack of interest in extracurricular clubs or dropping out of sports activities.

* Changed relationships with classmates. Additional evidence of personal despair may be abrupt changes in friendships and social relationships.

* Increased irritability or aggressiveness. Depressed, stressed, and potentially suicidal individuals demonstrate wide mood swings and unexpected displays of emotion.

* Preoccupation with death and suicide. Sometimes warnings take the form of a preoccupation such as writing death poems or filling sheets of paper with sad or macabre drawings. A student may show intense interest in themes such as death or dying, suicide, worthlessness, or hopelessness.

* Despairing attitude. Students may make comments to classmates or staff members about being unhappy, feeling like a failure, not caring about anything, not caring about the future, or even not caring about living or dying.

* **SUDDEN CHANGES IN PERSONALITY OR ATTITUDE.** The shy student who suddenly becomes a thrill-seeker or the outgoing person who becomes withdrawn, unfriendly, or disinterested may be giving signals that something is seriously wrong. Other changes include the classic signs of depression: sleep disturbances; lack of interest in the opposite sex; loss of appetite; loss of weight; neglect of school work; and long periods of solitude.

* **SUDDEN CHANGES IN APPEARANCE.** Students who suddenly no longer care about their appearance and cleanliness may be signaling that they have given up caring about life.

* **HEAVY USE OF ALCOHOL OR OTHER DRUGS.** Heavy alcohol and drug users are likely to be depressed youngsters who are seeking relief from their painful feelings. Initially, these chemicals may help relieve the depression and suicidal thinking. Eventually, they stop working and contribute to a greater depression and added feelings of worthlessness. In addition, heavy alcohol and/or drug usage can lead to reckless, impulsive behavior such as careless driving at high speeds.

* **MAKING FINAL ARRANGEMENTS.** Giving away prized personal belongings, such as a record collection, can be a particularly serious sign. In effect, the young person has made or is executing a will.

Since almost all teens engage in rapid mood swings, it is sometimes difficult to differentiate between normal adolescent behaviors and those that show something is seriously wrong. If you notice a pattern of warning signs, and if they last longer than usual, you should take action.

Helping a Suicidal Teenager

You can help your students if you LISTEN, BE HONEST, SHARE FEELINGS, and GET HELP.

* **LISTEN.**

The single most common complaint of teenagers concerning adults is that they don't listen. Staff members may be so eager to solve a student's problem that they offer the solution before they really understand the problem or the feelings behind it.

Listening is a door-opener. When you listen carefully for the words and the feelings behind the words, you communicate two very important messages: you take the student's problems seriously and you care enough to want to help.

Unfortunately, the first step is often the most difficult. Asking "What's wrong?" may be met with a shrug and a muttered "Nothing." It's important not to give up at this point; teenagers have to be convinced that someone is really concerned and cares before they will talk about their feelings.

Questions that truly ask for information, seek clarification, or reach out for feelings are the most effective.

Once a teenager starts talking, staff members should try to listen without making judgments or giving advice. The tone should be sympathetic and supportive.

Interested questions are helpful, but statements that begin, "Why didn't you...?" are not helpful because they steer the conversation toward blame and shut down communication. Statements such as "You'll get over it soon" imply that you don't take their problems seriously.

Staff members should be alert for words and phrases that suggest suicidal intent. Statements such as:

"I'd rather die than go back to school."

"I can't take it any more!"

"Everybody would be better off if I wasn't around."

may be meant quite literally.

The way to find out if a teenager is suicidal is to ask directly. Asking will not "put the idea in his or her head." Rather, it can be a relief to talk about it. In fact, NOT talking about his or her suicidal feelings robs a young person of the chance to reach out and get help.

If the answer to "Are you thinking about suicide?" is even a tentative "yes," staff members should find out how serious the intent is. This is called "assessing lethality." Ask,

"What method have you thought of using to kill yourself?"

"When do you think you're going to do this?"

"Do you already have the means (gun, pills)?"

The more lethal the means envisioned and the more definite the time set, the greater the danger.

*** BE HONEST.**
Teenagers have a high regard for honesty and directness, especially in adults. They are not many years away from the devastating honesty of childhood, and they feel contempt for many of the white lies or evasions with which adults smooth their lives.

Honesty applies particularly to feelings. If you tell them you're not angry when your actions show you are, they may decide that you can't be trusted.

*** SHARE FEELINGS.**
Communication should be a two-way street. Teenagers are reluctant to discuss their failures, disappointments, or feelings of depression to adults who appear never to have failed or experienced doubt and depression.

Talking about your own feelings is not always easy; it's difficult to open up and express feelings such as:

> "I feel anxious when I see that you're unhappy and I don't know why."
>
> "Talking about suicide makes me feel uncomfortable."
>
> "I remember when I thought my whole world had collapsed and I believed that if I told my father, he'd get angry with me."

When staff members let their students see that they, too, are vulnerable, teenagers can see for themselves that being vulnerable doesn't preclude the possibility of living a long and productive life.

*** GET HELP.**
When a student threatens suicide, it is safest to enlist the help of a professional, such as the school counselor, a mental health worker or crisis center counselor who specializes in helping adolescents. Be sure to identify these resources ahead of time so that you are <u>prepared for a crisis</u>.

If the situation is explosive--an immediate emergency--other people should be brought into the situation as fast as possible: the school counselor, members of the family, clergy, or the police.

In summary, the four important principles of suicide prevention are: <u>listen</u>, <u>be honest</u>, <u>share feelings</u>, and <u>get help</u>.

And remember, whenever you're ir doubt about what to do, recall what helped you at times of crisis in your own life.

APPROACHING POTENTIALLY SUICIDAL STUDENTS

The idea of suicide is frightening to all of us, particularly when it concerns young people who have their lives ahead of them. We are reluctant to admit that they can think of suicide, much less attempt or commit it. We often hesitate to bring up the subject of suicide for fear of "putting the idea in their heads."

It is helpful to remember that suicidal young people are also afraid. They are afraid no one cares. They are afraid to confess their suicidal feelings because they may be harshly judged, or considered weak, immature, cowardly, or "sick in the head." They value confidentiality and fear that adults will "tell everyone," or make their confession a part of their school record. They deeply fear that their suicidal thoughts are evidence of "craziness" and that only "crazy" people go for counseling.

One result of their fears is that they will seldom confide in adults. If they tell anyone of their suicidal impulses, it is likely to be a friend of their own age who will often be sworn to secrecy. The student suicide prevention curriculum teaches students to seek appropriate help when they are concerned about a classmate. Any teacher or staff member may be approached by a student who wants help for a friend.

A teacher who becomes uneasy about a student may want to talk to the student to determine whether or not these fears are well founded. Use the APPROACH steps:

Ask questions.
Pursue intentions.
Provide support.
Reach out.
Offer resources.
Act quickly.
Communicate your concern.
Hold out hope.

*** ASK QUESTIONS.**
Questions and comments centering on schoolwork and observed behaviors can be used as lead-ins as long as you don't sound judgmental or punishing. Examples are:

* I thought you promised to help me after school yesterday. I was concerned about you when you didn't show up.

* You and I both know your work hasn't been up to standard lately. Is there some problem that I don't know about?

* You don't seem yourself lately, and I've been concerned about you. What's going on?

* We miss you in the drama club. I'm sure you have a reason for dropping out. Could you tell me what it is?

If you are aware that the student is heavily involved in drug and/or alcohol use, it is important not to focus on the illegality or rebellious aspect of alcohol or drug use but on the fact that through this process of abuse, the student is increasing the likelihood of further self-destructive behavior. The emphasis should be on "I'm concerned about what you are doing to yourself, and how you're harming yourself."

*** PURSUE INTENTIONS.**
Some students may respond to your comments or questions with nothing more than a shrug. Others may open up and pour out their problems. Students who show a willingness to talk should be guided by sympathetic listening and questions to reveal how they feel about their problems. If the student seems to feel that the situation is hopeless and he or she is helpless to deal with it, then you need to determine whether or not suicidal intentions are present and how great the risk is. This is best done by direct questions such as:

* Are you thinking of giving up on life?

* Have you thought about how you'd do it?

* When do you plan to do this?

When the method has been determined, the means are available, and the time is short--a day to a week--it is clearly a high-risk situation, and immediate action must be taken. On the other hand, if the student has no method in mind, no time in mind, and no method available, the risk is lowered considerably. (See the Implementation and Resource Guide for guidelines on how to deal with high-risk or low-risk students.)

A staff member should not attempt to deal with a suicidal student's problems alone; rather, follow the school suicide prevention policies and procedures or, if none exist, find immediate counseling help for the student. Exercise your judgment about who should be informed at this stage. If the student is in such a volatile state that the mere suggestion of informing his parents might precipitate a suicide, then this decision should be left to the discretion of the counselor or administrator.

A student in a high-risk situation should not be left alone, even briefly. Often, once the explosive feelings have been expressed, it is possible to obtain the student's consent to involve a school counselor or other trusted person. The student should be assured that his feelings are not "weird," crazy, or even unusual and that he or she can get through this bad period. It is often helpful for your to honestly say how you've been through difficult times and how you've survived to be happy again.

*** PROVIDE SUPPORT.**
In low-risk situations, the student needs support. Staff members need not feel obliged to help the student solve his or her problems. You can be most helpful by listening and by acknowledging the emotional pain, depression, and unhappiness. It is important not to be enticed into a secrecy pledge; not taking action to resolve the situation will only perpetuate the pain.

*** REACH OUT.**
Although it isn't easy, staff members should seek out students who appear excessively depressed and unhappy and become involved with them. You may be the only means for getting students the help they need.

*** OFFER RESOURCES.**
Staff members need to be aware of resources within the school for dealing with a suicidal crisis (for example, the school psychologist, counselor, or nurse) and know how to contact appropriate community agencies for help.

*** ACT QUICKLY.**
In order to act quickly with students expressing suicidal thoughts and behaviors, staff members need to know the school suicide prevention guidelines. Developing a liaison with the school crisis person for consultation and quick referrals also facilitates rapid action in a crisis.

*** COMMUNICATE YOUR CONCERN.**
Statements such as "I'm concerned about you: are you having some difficulties?", "What's going on?", or "I would like to help" easily communicate concern and support.

*** HOLD OUT HOPE.**
First-aid from teachers and staff members includes helping the student regain a semblance of hope, a trust in helping persons, and a belief that the pain will subside. You can reassure the student that the pain will pass--and will pass more rapidly--once he or she gets professional help.

In summary, to APPROACH and help a potentially suicidal student, take the following steps:

Ask questions.
Pursue intentions.
Provide support.
Reach out.
Offer resources.
Act quickly.
Communicate your concern.
Hold out hope.

WHAT WOULD YOU DO?

Read the following four short case histories of students at risk for suicide and decide what you would do.

Michael

You are busy catching up on your work when a student, Michael, drops by. You explain that you're busy, but he hangs around, looking morose until you suggest he might like to help put some files in order.

He works silently, sighing frequently. When you ask how things are going, Michael responds with a flood of complaints about school, his social life, his lack of success in athletics, and finally, his parents. You know that Michael's parents disagree about where he should go to college, but you are shocked at the stories of bitter quarrels he relates.

Sure that you shouldn't be listening, you are about to shut him up when he asks, "Have you ever felt that you'd like to go to sleep and never wake up?"

* * *

Jenny

You are proud of one of your better students, Jenny, an only child. She is a straight-A student. You were astonished when Jenny says that she panicked over her driver's test and, later, teased her when she didn't miss a single question.

Next week the school is having a formal dance. Jenny has one week to ask a boy to escort her. She seems tense about this and says she probably won't go to the dance. But her mother has insisted: she is sure that she'll have a good time and wants her to keep up with the other girls who'll be going.

Today, Jenny arrived late for class. She looks tense and scared and seems withdrawn. When you ask why she was late, she says she stopped at the drug store.

* * *

Gary

You don't know what to do about one of your seventeen-year-old students, Gary. You've talked with his father: As a child, Gary was timid but loving. Since junior high, however, he has been a problem. He doesn't read well and schoolwork is hard for him. In tight spots, he lies and he's been in trouble twice for stealing. His parents don't like his friends and they are sure he's using marijuana.

His father calls to talk with you. He says he's tried everything. He's been tough, and he's been easy. He's talked and talked, but Gary doesn't appear to listen, and he treats his home as if it were a hotel. Three months ago, his mother got so angry with Gary that she hit him.

Today, the school counselor calls and says that Gary was in a fight with another boy and pulled a knife.

* * *

Melissa

Melissa, one of your students, is fourteen, very sweet and shy, rather pretty, an average student. The last year has been hard on her. A childhood friend died in a bizarre accident that might have been intentional. Shortly afterwards, her aunt, who had always been fond of Melissa, died of a heart attack. A few months ago, her family moved to California; she began attending your class about six weeks into the semester.

Melissa seemed to be lonely at first, but then she seemed more cheerful and talked as if she were making friends.

Lately, Melissa has seemed different, quieter. She stays by herself most of the time. She says she's studying, but she looks so sad. It hurts you to see her so unhappy.

Yesterday, when another girl teasingly asked if she had a boy friend, Melissa turned and ran out of the class. You think it's just a phase she's going through, but it worries you.

* * *

COMMUNITY RESOURCES FOR TEENS IN CRISIS

You are not alone in helping a troubled, suicidal student. Here are some of the resources available in our community:

*** SUICIDE PREVENTION CENTERS**
There are 30 suicide prevention and crisis centers in California. Most of these centers operate 24-hour telephone hotlines that students and their parents may call directly and confidentially. These hotlines are staffed by trained volunteers who can listen, respond, and refer callers to others for appropriate help.

_____

_____

_____

_____

*** CRISIS CENTERS**
A crisis center provides counseling services, often around the clock. Services may include outreach teams that can be dispatched at any time to a person in crisis.

_____

_____

_____

_____

*** COMMUNITY MENTAL HEALTH AGENCIES**
Other sources of help include mental health clinics, family service agencies, family physicians, or clergy.

_____

_____

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*** EMERGENCY SERVICES**

If a suicide is discovered in progress--if, for example, a student is found unconscious next to a bottle of sleeping pills--emergency services (such as 911, suicide prevention center, or police) should be called at once. If possible, the youth should be brought to the emergency room of the nearest hospital.

_____

_____

_____

_____

*** SUPPORT GROUPS**

Siblings and parents of an adolescent going through a crisis need all the support they can get for themselves as well. Families Anonymous is one example of a national support group that helps families in crisis. Others include:

STAFF IN-SERVICE TRAINING EVALUATION FORM

Your evaluation of this in-service training session assists us in determining the effectiveness of this portion of the Youth Suicide Prevention School Program and helps us make any necessary changes in future in-service training meetings.

1. Please place a checkmark BEFORE the phrase if you feel that you were adequately informed about the subject before the meeting. Place a checkmark AFTER the phrase if you learned about the subject during the meeting.

Knew Before		Learned
___	The magnitude of the teen suicide problem	___
___	Why suicide prevention is taught in school	___
___	The goals of the school program	___
___	The school's suicide policy	___
___	The stresses on students	___
___	How to recognize depression	___
___	How to recognize a suicidal teenager	___
___	How to help a suicidal teenager	___
___	Sources of help in your community	___

2. Do you feel more confident about your ability to recognize a suicidal teenager than you did before the session?

___ Yes

___ No, because: _____

_____

3. Do you feel more confident about your ability to help a suicidal teenager than you did before the meeting?

___ Yes

___ No, because: _____

_____

4. Were your questions adequately answered?

___ Yes

___ No, I'd like to know more about: _____

_____

_____

_____

_____

6. What part of the meeting did you find:

Most interesting?

Least interesting?

Most helpful?

Least helpful?

We appreciate your coming to the staff in-service training session, and we thank you for giving us your comments on this evaluation form.

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INDEX

A

abuse, and risk groups, 24
activities for staff in-service training sessions, 5
after a suicide attempt, 15
agenda for staff in-service training sessions, 1, 20
aggressiveness, and warning signs, 26
alcohol or drug abuse
   and suicide risk, 8, 24
   and warning signs, 27
announcement for staff in-service training sessions, 19
answers to the quiz on youth suicide, 6
appearance, changes in as a warning sign, 27
approaching suicidal students, 31
attempted suicide, 15
   and risk groups, 23
   statistics, 23
audiovisual aids, at the in-service training session, 4, 13

C

changes , as warning signs
   in academic performance, 26
   in attendance, 26
   in personality, 27
   in relationships with peers, 26
clues to suicidal intentions, 8
community resources, 3, 4, 13, 37
crime and suicide, 8
cultural differences, and risk groups, 12
curriculum, what it is and is not, 6

D

depression, and risk groups, 23
despair,
   and stress, 10
   and warning signs, 26
discrimination and suicide risk, 10
discussion:
   After a Suicide Attempt, 15
   What Would You Do?, 14, 35
drug or alcohol abuse
   and suicide risk, 8, 24
   and warning signs, 27

E

evaluation of the staff in-service training session, 13, 41
expanding the in-service training session, 13

F

failure to complete assignments, as warning sign, 26
family pressures and stress, 9
feelings about suicide, 29
film, see audiovisual aids
final arrangements, as warning sign, 27

G

gays and suicide risk, 11, 24
gender and suicide rates, 7
getting help for a suicidal youth, 29
goals
   of staff in-service training session, 1
   of youth suicide prevention program, 5

H

handouts for staff members, 4, 20, 21, 23, 31, 35, 37
helping a suicidal youth, 12, 27, 29
homosexuals, and risk groups, 24
honesty with a suicidal youth, 29
hopelessness and stress, 10

I

in-service training sessions
   announcement, 19
   audiovisual aids, 13
   evaluation, 13, 37
   involving staff members in, 3
   supplementary activities, 13
irritability, as warning sign, 26

L

leaders for staff in-service training sessions, 2
learning disabilities, and risk groups, 24
lesbians and suicide risk, 11, 24
lethality, assessment of, 28
listening to a suicidal youth, 27
loners, and risk groups, 24

20

M

materials for staff in-service training sessions, 2
molestation, and risk groups, 24

N

neglect, and risk groups, 24
nonjudgmental listening, 28

O

overview of staff in-service training session, 1

P

pain of living, and suicide, 8
pattern of warning signs, 12, 27
peer pressure and stress, 10
perfectionist, and risk groups, 24
philosophy of the youth suicide prevention program, 6
physical changes and stress, 9
policy and procedures, 3, 13
preoccupation with death, as warning sign, 26
preparation for staff in-service training sessions, 3
prevention, see suicide prevention
principal's role
   in policy and procedures, 13
   in staff in-service training sessions, 2
problem of youth suicide, 6, 23

Q

questions to ask a suicidal youth, 28, 31, 32
quiz
   handout, 21
   youth suicide facts, 6, 21

R

recent losses, as warning sign, 25
recent suicide, as warning sign, 25
recognizing groups at risk, 11, 23
recognizing warning signs, 11, 25
resource materials, 17
risk groups, 11, 23
   and cultural differences, 12
   and socioeconomic status, 11
risk-taking, and risk groups, 24

S

school-related stress, 9
secrecy, 32, 33
self-esteem, and risk groups, 23
sharing feelings with a suicidal youth, 29
socioeconomic status, and risk groups, 11
statistics on youth suicide, 6, 7, 23
stresses on today's students, 9, 10
student suicide, see youth suicide
sudden changes, as warning signs
  in personality or attitude, 27
  in school behavior, 26
suicidal thoughts, 7
suicide,
  and groups at risk, 11, 23
  and pain of living, 8
  and stress, 9, 10
  and warning signs, 11, 25
  statistics, 23
suicide and crime, 8
suicide attempt, 15
  rate of repeats, 7
suicide attempts, statistics, 23
suicide prevention,
  policy and procedures, 3, 13
  school program, 5
  staff members' skills, 10
suicide risk, see risk groups
suicide threats, 7
  and warning signs, 25
supplementary activities for the in-service training sessions, 13

T

teen suicide, see youth suicide
teenagers in trouble, and risk groups, 24
thoughts about suicide, 7
traumatic events, as warning signs, 25

V

videotape, see audiovisual aids

W

warning signs, 11, 25
  and cultural differences, 12
  pattern of, 12, 27
will, see final arrangements
withdrawal and apathy, as warning signs, 26

Y

youth suicide
  and groups at risk, 11, 23
  and stress, 9, 10
  and warning signs, 11, 25
  statistics, 6, 7, 23
youth suicide prevention program, 5

Suicide Prevention Program for California Public Schools

Guide for Parent Awareness Meetings

CALIFORNIA STATE DEPARTMENT OF EDUCATION
Bill Honig, Superintendent of Public Instruction
Sacramento, 1987

204

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TABLE OF CONTENTS

OVERVIEW 1

Selecting Leaders for the Parent Meeting 2
Materials 2
Preparation 2
Getting Parents to the Meeting 4

THE PARENT AWARENESS MEETING 5

Introduction 5
The Youth Suicide Prevention School Program . . . 5
The Problem of Teenage Suicide 6
Acknowledging Stresses on Parents 8
Recognizing Young People at Risk 9
Recognizing Warning Signs 10
Helping Suicidal Adolescents 11
Community Resources 11
The School Suicide Prevention Policy 11
Questions and Answers 11
Evaluation 11
Expanding the Meeting 12

RESOURCE MATERIALS 13

Announcement Letter For Parents 15
Parent Meeting Agenda 16
What Parents Can Do To Prevent Suicide 17
What Would You Do? 23
Community Resources for Teens in Crisis. 25
Parent Awareness Meeting Evaluation Form 29

REFERENCES 31

INDEX 33

OVERVIEW

Goals of the Parent Awareness Program

The Parent Awareness component of the Youth Suicide Prevention School Program is designed to help parents to:

* be aware of the scope and severity of the problem of youth suicide.
* recognize teenagers at risk for suicide.
* recognize warning signs of suicide.
* learn basic steps in helping a suicidal youth.
* identify resources in the community that can help a teenager in crisis.
* understand the school's suicide prevention policy and the goals of the Suicide Prevention School Program.

To implement these goals, we suggest a one and one-half hour parent meeting to be held before the curriculum is introduced in classrooms. Here is a suggested agenda:

Time	Section	Page
(5 minutes)	Introduction	5
(15 minutes)	The Problem of Teenage Suicide	6
(5 minutes)	Acknowledging Stresses on Parents	8
(10 minutes)	Recognizing Young People At Risk	9
(10 minutes)	Recognizing Warning Signs	10
(15 minutes)	Helping Suicidal Adolescents	11
(5 minutes)	Community Resources	11
(10 minutes)	The School Suicide Prevention Policy	11
(10 minutes)	Questions and Answers	11
(5 minutes)	Evaluation	11
--	Expanding the Meeting	12

The following information will help leaders to plan and prepare for an effective parent meeting.

Selecting Leaders for the Parent Meeting

Ideally, the meeting should be led by a school administrator and someone with experience--preferably professional experience--with youth suicide: a school counselor, school psychologist, a teacher who has taught the subject, or a staff person from a local mental health office or suicide prevention center.

Materials

* Announcement letter for parents (see page 15)
* Parent meeting agenda (see page 16)
* Chalkboard or flip chart
* Microphone and lectern
* U-shaped seating to promote discussion
* Refreshments
* Handouts:

    WHAT PARENTS CAN DO TO PREVENT SUICIDE (see page 17)

    WHAT WOULD YOU DO? (see page 23)

    COMMUNITY RESOURCES FOR TEENS IN CRISIS (see page 25)

    PARENT AWARENESS MEETING EVALUATION FORM (see page 29)

* Audiovisual aids (optional) with projection equipment checked for proper working condition.

Preparation

Become thoroughly familiar with the content in this guide, especially the handouts. Be prepared to put the information in your own words (it is not effective to read the material aloud) and to answer parents' questions.

Become familiar with the school suicide prevention policy. There is time allocated toward the end of the meeting to describe the school's suicide prevention policy--what procedures are in place for handling attempted and completed suicides and which school personnel are available to help. It is recommended that the school principal present this portion of the meeting.

If there has been a recent suicide or suicide attempt at your school, parents may have questions and concerns. Be prepared to respond to the issues and, if appropriate, provide an opportunity for those who wish to talk individually with you after the meeting.

Plan ways to involve parents as much as possible. This can be accomplished by using the chalkboard or flipchart frequently and by encouraging them to contribute to the discussion through questions and comments as often as it seems appropriate.

Find out what helping resources exist in your community. A list of community resources is extremely important and valuable for parents to have. Develop your own or use the example on page 25 of the "Resource Materials" section of this Guide.

Check with the school's counseling office to determine if a list of community resources has already been developed. If no such list exists, you will need to compile one. Check the list of suicide prevention and crisis centers in the Implementation and Resources Guide. Your local mental health association or community mental health clinic can also provide information.

You may wish to include services listed in your telephone directory. However, it is wise to do so only after a staff person has evaluated the qualifications of the providers, the services offered, and the appropriateness for your students.

* To identify other community resource organizations, look under "suicide" or "crisis" in the yellow pages of your telephone directory. Also check the emergency numbers at the front of the white pages. Then check other facilities such as hospitals and community mental health clinics. Your list should include names of contact people, their telephone numbers, and specific information about what the agency does.

  When you've compiled your list, call all the agencies and ask for the names of individuals to contact for the various services. You may even want to visit these agencies and pick up their literature to show parents at the meeting.

Consider showing an audiovisual aid. Check the Implementation and Resource Guide for a list of selected audiovisual aids that will help focus attention on youth suicide and present important information in a dramatic and memorable way.

SCREEN THE AUDIOVISUAL AIDS AHEAD OF TIME TO BE SURE THEY ARE APPROPRIATE FOR YOUR SCHOOL AND COMMUNITY. We recommend that you avoid films that dwell on the macabre aspects of suicide; such preoccupation with the gruesome side of suicide distracts parents' attention away from the theme of prevention and may be objectionable to some. If you are using an audiovisual aid, be sure to check out your projection equipment to be sure it's in proper working order.

Duplicate the necessary number of handouts. The "Resource Materials" section of this guide contains five handouts you can use:

PARENT AWARENESS MEETING AGENDA (see page 16)

WHAT PARENTS CAN DO TO PREVENT SUICIDE (see page 17)

WHAT WOULD YOU DO? (see page 23)

COMMUNITY RESOURCES FOR TEENS IN CRISIS (see page 25)

PARENT AWARENESS MEETING EVALUATION FORM (see page 29)

Getting Parents to the Meeting

It is often difficult to get parents to school meetings, especially on a topic as potentially uncomfortable as suicide. There are a number of strategies a school can utilize for increasing parent participation in such a meeting:

* Offer students extra credit for getting their parents to the meeting.
* Involve student clubs and groups (pep clubs, student council) in encouraging parent participation.
* Devise a method for students to generate ideas for publicity of the meeting.
* Place posters advertising the meeting in stores.
* Announce the meeting on the school marquee, in the local newspaper, and on the radio.
* Send home announcements to parents, then follow up with a telephone call. The announcement should stand alone and not be included with notices of other events such as choir practice or a bake sale.
* Use a PTA telephone tree to notify parents.
* Make suicide prevention a special PTA project.
* Involve district public relations officers.

THE PARENT AWARENESS MEETING

Introduction (5 minutes)

Welcome parents warmly and give them credit for coming to a meeting on a topic that is often not easy to talk about. If there has been a recent suicide or suicide attempt in your community, acknowledge parents' concern about the problem.

Introduce yourself and give your professional qualifications.

> Be sure to put this and subsequent material in your own words.

The Youth Suicide Prevention School Program

In 1983, the California State Legislature authorized the development and testing of a suicide prevention program. Although other states have since mandated similar programs, California was the first state in the nation to respond to the tragedy of teen suicide through a statewide school-based prevention program.

The Youth Suicide Prevention School Program has four components:

1. A classroom curriculum for students
2. A staff awareness guide
3. A parent awareness guide
4. A resource and implementation guide

The classroom curriculum includes five lessons which examine the rise in teenage suicide, the dynamics of depression that can spiral downward into suicide, ways to help a friend who is considering suicide, and community sources of help for individuals who feel suicidal.

Thoughts of suicide are frightening to all of us but especially so to teenagers, who often fear that harboring such thoughts means "craziness." It is a relief to them to learn that many people, even famous people who have gone on to lead long and productive lives, at some time or other may have thought about suicide as a way out of their problems.

The curriculum is not a therapy program. It does not encourage personal revelations of school or family circumstances. However, those who teach the program--the classroom teacher, school counselor or another professional--are trained to watch and listen carefully to students' responses and to encourage any students who seem to have strong emotional involvement to seek out and talk to someone they trust in their family, school, or community.

The best way to prevent teenage suicide is to talk openly about it and to directly address the problems and feelings experienced by teens. This is the philosophy underlying this suicide prevention program. The emphasis is on students helping themselves and others to find options other than suicide.

Before teachers begin to teach this suicide prevention curriculum, they should have received in-service training to familiarize them with the problem of teenage suicide, how to recognize teens who may be feeling suicidal, and how to provide help for such youngsters.

The Problem of Teenage Suicide (15 minutes)

Distribute the Handout: WHAT PARENTS CAN DO TO PREVENT SUICIDE. Put the following ideas in your own words:

In recent years, we all have become more aware of the problem of youth suicide because suicide has become the subject of films, television dramas, novels, and magazine articles. Because of this relatively sudden interest, it may seem a new problem.

It is not. For the past three decades, the rapid rise in the rate of youth suicide has alarmed professionals in the field of suicide prevention. In fact, teenage suicide has increased threefold since 1960. Approximately 5,000 young people take their own lives each year in the United States--an average of 14 suicides EVERY DAY (National Center for Health Statistics, 1984). As shocking as this number is, the incidence of suicide attempts is even more grim: it is estimated that, in 1986, approximately 500,000 youths 15 to 24 years old attempted suicide.

Suicide is now the second leading cause of death among young people 15 to 24. Only accidents are a more common cause of death among youths. And this statistic neither takes into account those suicide deaths that are reported as accidents nor those deaths that seem to be accidental but are the result of self-destructive actions such as drug overdoses or reckless driving. Clearly, teen suicide is a major public health problem in the United States.

Young males commit suicide about five times more frequently than females. However, it is estimated that girls attempt suicide about five times more often than boys. This gender difference appears to be related to the more lethal means (such as shooting or hanging) usually chosen by males. Girls more often select overdosing or wrist cutting--methods that permit more opportunities for intervention.

While statistics may make the problem of teenage suicide seem remote to many adults, other evidence brings the issue closer to home:

* Three-quarters of high school students report they have had a friend turn to them for help (Ross, in Peck, Farberow and Litman, eds., 1985).

* Surveys indicate that more than 10 percent of high school students have made at least one suicide attempt and one-third to one-half of them have thought about suicide to the point of deciding how to do it. (Klagsbrun, 1981; Smith and Crawford, 1986)

Evidently, suicide is on many young peoples' minds as a solution to life's problems.

These are sad and frightening figures. However, although it is too soon to be certain, there appears to be a hopeful trend: the rate of increase in young suicidal deaths seems to be slowing.

And there are more reasons for hope:

* Teenagers are more likely than adults to attempt suicide and fail, suggesting a cry for help more than a permanent wish for death. This reaching out for help offers hope.

* Teens frequently confide to a friend their intention to commit suicide. If the friend keeps the secret, help may never be sought. But if the friend refuses to keep the secret and gets adult help, this small margin of advance notice can be the difference between life and death. The curriculum teaches the importance of avoiding secrecy and getting adult help.

Acknowledging Stresses on Parents (5 minutes)

It is not just young people that experience stress during the teenage years:

* Their parents may become very distressed from living with a person who is changing physically, experiencing emotional ups and downs, withdrawing from family life, and not communicating.

* Parents are stressed by the responsibility they feel toward their son or daughter.

* Because suicidal teenagers are more likely to confide their self-destructive intentions to another teenager and because teenagers don't want to hurt their loved ones, parents are often the last to know of the trouble their child is having.

* Parents may feel that having a child who is depressed or suicidal means they have failed as parents or aren't qualified to be parents. They may be embarrassed, fearful, or at a loss to deal with the situation.

* Because parents invest so much of their love and emotional life in their children, when they learn their child is depressed or suicidal, they may respond in ways that interfere with helping their child.

* When parents suspect that their child is suicidal, their first response is often disbelief: they deny there is anything seriously wrong. Although denial may help a parent deal with an overwhelmingly difficult situation, it unfortunately delays getting treatment.

* Guilt is another response nearly every parent of a suicidal youngster experiences. They feel responsible for their children and wonder what they did wrong--forgetting that, during the teen years, many other people and events are impacting their children's lives.

* Parents also go through responses of anger and anxiety. They may even "catch" the suicidal depression themselves and then feel unable to cope with the situation.

* Parents may feel unsure of how to approach their child; they often feel helpless.

Helping To Relieve Parents' Stress

You can help relieve some of the stress on parents by offering some of the following insights:

* It is not uncommon for a teenager to go through a crisis and experience suicidal thoughts. Parents need not feel they they or their teenager are "bad" or "crazy."

* The self-blame that leads to denial just makes the problem worse. Denial compounds the recovery process for children who are in emotional crisis. Dealing with the problem openly, honestly, and compassionately is most important.

* Seeking outside help is NOT an admission of failure--it is an act of responsibility. It's often the best chance parents have of preventing a suicide.

Most important, you can help parents by letting them know that they can do something about teen suicide. They can help prevent suicide by recognizing those students at risk of suicide, knowing the warning signs, and learning where to go for help in their community.

Recognizing Young People at Risk (10 minutes)

Call parents' attention to the handout: WHAT PARENTS CAN DO TO PREVENT SUICIDE. Write the following ideas on the board as you review the risk categories:

Although there's no such thing as a "suicidal type," the statistics on youth suicide suggest that there are certain characteristics in a young person that can alert you to potential suicide risk:

* Teenagers who have attempted suicide previously
* Youth with little self-esteem
* Severely depressed young people
* Teenagers in trouble
* Abused, molested, or neglected children
* Abusers of drugs or alcohol
* Perfectionists
* Gays and lesbians
* Unnecessary risk-takers
* Learning-disabled students
* Loners

These categories of young people appear in all social and economic groups, all kinds of families, and in all areas of the country. These youths may be difficult to recognize among their peers because it is in their feelings that they are different from others their age.

Recognizing Warning Signs (10 minutes)

Although a single, highly traumatic event can trigger a sudden suicide without warning, young people who are thinking about suicide almost always give signals before they attempt suicide. The key to preventing suicide lies in our ability to recognize and respond to this cry for help.

Draw parents' attention to the second section of the handout, WHAT PARENTS CAN DO TO PREVENT SUICIDE. Write the warning signs on the board as you discuss the information in the handout.

* Suicide threats
* Recent losses
* Traumatic events
* Sudden changes in behavior or personality
* Sudden changes in appearance
* Heavy use of alcohol or other drugs
* Making final arrangements.

Since almost all teens engage in rapid mood swings, it is sometimes difficult to differentiate between normal adolescent behaviors and those that show something is seriously wrong. If you notice a pattern of several warning signs and if they last for a longer period than usual, action needs to be taken.

Helping Suicidal Adolescents (15 minutes)

Teen suicide can be prevented. Parents and school staff members working together can make a difference in the life of young people who are in crisis.

Call parents' attention to the handout, WHAT PARENTS CAN DO TO PREVENT SUICIDE. Review the fourth section, "Helping a Suicidal Teenager." Write the four steps on the board:

* Listen.
* Be honest.
* Share feelings.
* Get help.

Community Resources (5 minutes)

Take a few minutes to pass out the handout that you have prepared (perhaps using the model on page 25 of this Guide). Briefly summarize the different agencies and professionals available in your community and answer parents' questions.

The School Suicide Prevention Policy (10 minutes)

It is preferable that the school principal discuss the school suicide policies and procedures: what is done about suicide attempts and suicides and who in the school is responsible for taking action in such situations.

Questions and Answers (10 minutes)

Although parents will ask questions throughout the meeting, leave enough time at the end of the meeting to respond to their questions and concerns.

Evaluation (5 minutes)

Give participants an evaluation form and ask them to complete and return it to you. Feedback from evaluations is useful in modifying future parent meetings.

Expanding the Meeting

Film Presentation.

Select a film from the list of audiovisual aids in the Implementation and Resource Guide. A film will often help to trigger parents' thoughts and feelings and focus attention on the importance of teen suicide. After the film, provide time and opportunity for discussion.

Discussion: "What Would You Do?"

Divide parents into small groups of five to ten persons each. Give each group a copy of the handout "What Would You Do?" (see page 23). Ask them to discuss the four case histories and make recommendations. Allow about 15 minutes. Then lead a large-group discussion of each group's recommendations. Use the following points to spur discussion:

* All four of these youngsters are lacking in self-esteem.

* In each case there is a lack of real communication between parents and children.

* In dealing with other people's children, the question to be faced is when do you tell the parents their child may be suicidal? In Michael's case, telling his parents immediately might fuel further arguments and contribute to his feeling that he is the cause of their fights. Consequently, it might be better to help Michael find counseling before his parents are told.

* Of these four teenagers, those in the greatest danger are Jenny and Gary, since both are facing situations in the immediate future that to them seem too difficult. Time may be gained for Jenny by giving her permission to avoid the dance. Gary needs instant help, preferably professional help.

* Michael and Melissa are suffering from depression, arising in both cases from a series of problems. They need counseling to help them through this period and to give them hope for the future.

* Gary and Jenny are suffering from problems that make life difficult for them. They will probably need professional help to help them gain self-esteem and change their accustomed ways of looking at life.

RESOURCE MATERIALS

for

Parent Awareness Meetings

ANNOUNCEMENT LETTER FOR PARENTS

Dear Parent:

In the next few weeks, your son or daughter will be studying a five-lesson unit on youth suicide prevention which will be taught in:

(Name of school or class)

You are hereby invited to attend an important Parent Awareness Meeting to explain the program, to inform you of the school's suicide prevention policy, and to answer any questions you may have.

The meeting will be held as follows:

(Date, time, place)

The goals of the meeting are to help parents in our community to:

* be aware of the scope and severity of the problem of youth suicide.
* recognize teenagers at risk for suicide.
* recognize warning signs of suicide.
* learn basic steps in helping a suicidal youth.
* identify resources in the community that can help a teenager in crisis.
* understand the school's suicide prevention policy and the goals of the Suicide Prevention School Program.

The classroom curriculum includes five lessons which examine the rise in teenage suicide, identify the warning signs, and suggest ways to help a friend who is suicidal--including how to get adult help.

The curriculum is not a therapy program. It does not encourage personal revelations of school or family circumstances. It does, instead, strive to help students understand their emotions and the emotions of others better so that they may be more responsible decision makers.

If you have any questions about the Youth Suicide Prevention School Program, please do not hesitate to contact me.

Sincerely,

PARENT MEETING AGENDA

This meeting is designed to acquaint parents with the Youth Suicide Prevention School Program and help them to:

* be aware of the scope and severity of the problem of youth suicide.
* recognize teenagers at risk for suicide.
* recognize warning signs of suicide.
* learn basic steps in helping a suicidal youth.
* identify resources in the community that can help a teenager in crisis.
* understand the school's suicide prevention policy and the goals of the Suicide Prevention School Program.

To achieve these goals, the meeting will include the following activities:

Time	Activity
(5 minutes)	Introduction
(15 minutes)	The Problem of Teenage Suicide
(5 minutes)	Acknowledging Stresses on Parents
(10 minutes)	Recognizing Young People At Risk
(10 minutes)	Recognizing Warning Signs
(15 minutes)	Helping Suicidal Adolescents
(5 minutes)	Community Resources
(10 minutes)	The School Suicide Prevention Policy
(10 minutes)	Questions and Answers
(5 minutes)	Evaluation

The staff members and administrators thank you for attending this important meeting.

WHAT PARENTS CAN DO TO PREVENT SUICIDE

The Problem of Teen Suicide

Suicide is now the second leading cause of death among young people ages 15 to 24. Only accidents account for more teenage deaths, and many accidents may actually be undetected or unreported suicides.

In all, about 5,000 young people kill themselves every year. That's about fourteen youth suicides each day (National Center for Health Statistics, 1986). And the incidence of suicide attempts is staggering: about 500,000 young people attempted suicide last year.

Before you assume that your child is exempt from these frightening statistics, be aware that some studies report as many as 10 percent of high school students report they have made at least one suicide attempt and one-third to one-half say they have thought about suicide to the point of deciding how to do it. Three-quarters of high school students report they have had a friend turn to them for help.

Clearly, suicide is a real and threatening problem for today's high school students. Therefore, it's important that you be able to recognize those youngsters at risk, recognize warning signs, and know how to help a suicidal youth.

Recognizing Young People at Risk

Although there's no such thing as a "suicidal type," some studies suggest that certain characteristics appear more frequently in young people at risk for suicide:

* **TEENAGERS WHO HAVE ATTEMPTED SUICIDE PREVIOUSLY**--even if their attempts didn't seem very serious--are at high risk for suicide, especially when the problems that originally led to a suicide attempt have not changed and they have not received help in dealing with their problems.

* **YOUTH WITH LITTLE SELF-ESTEEM** may become suicidal: their self-rejection is painful and humiliating. Worse, they may judge their own suicidal thoughts as weak, cowardly, or "crazy." It's a vicious cycle that can end in self-destruction.

* **SEVERELY DEPRESSED STUDENTS** may become suicidal. Depression can make us feel that life is not worth living. When that feeling strikes young people, they do not realize that it is temporary, and there's always the danger that some further loss, failure, feeling of "not belonging" or being "hopelessly lost" will precipitate a suicide attempt.

* **TEENAGERS IN TROUBLE** with the law, with school authorities, or with peers can become desperate in seeking a way out; they may even prefer death to facing consequences. These youngsters are often emotionally volatile, perform poorly in school, and act impulsively--in some instances, violently. They generally cannot seem to live up to what others expect of them at home or at school.

* **ABUSED, MOLESTED, OR NEGLECTED CHILDREN** often feel guilty, ashamed, isolated, and indifferent to life. They can become depressed and suicidal even though the abuse occurred several years earlier.

* **ABUSERS OF ALCOHOL OR DRUGS** are at risk for suicide. These chemicals frequently contribute to the problems and stresses that can lead to suicide. And studies show that about 50% of young people who commit suicide have a recent history of substance abuse.

* **PERFECTIONISTS**--young people whose self-esteem comes largely from achievement--can become devastated over failure. They set high standards and have great expectations for themselves. They are anxious to do well at school and usually do. They underrate their own abilities and expect lower grades than they get. Their threshold for failure is low, so what may seem a small failure to others may be intolerable to a perfectionist.

* **GAYS AND LESBIANS**--young people who are struggling with or because of their sexual identity--appear to have a higher incidence of suicidal behavior than their heterosexual peers, perhaps because they are subjected to rejection, discrimination, and isolation from support networks.

* **UNNECESSARY RISK-TAKERS'** choice of high-risk sports, hobbies, and other unnecessarily dangerous activities can reflect indifference to life.

* **LEARNING-DISABLED TEENAGERS** appear to have a somewhat higher incidence of suicide than others. Things are more difficult for them: they may feel unaccepted, alienated from their mainstream peers, discouraged about their life, and hopeless about their future.

* **LONERS**--socially isolated young people--frequently are unable to relate to others and to develop an adequate support system and safety valve for their feelings.

These characteristics of teenagers at risk for suicide appear in all social and economic groups, all kinds of families, and in all areas of the country. These youths may be difficult to recognize among their peers because it is in their feelings that they're different from others their age.

Warning Signs

Although a single, highly traumatic event can trigger a sudden suicide without warning, young people who are thinking about suicide almost always give signals in advance of what they are contemplating. The key to preventing suicide lies in our ability to recognize and respond to this cry for help.

* **SUICIDE THREATS.** Most teenagers give clues to their suicidal thoughts, such as making direct statements about their intentions or less direct comments that they might as well be dead or that their family and friends would be better off without them. Sometimes warnings take the form of a preoccupation with death, such as when the youngster writes death poems or fills sheets of paper with sad or macabre drawings.

Suicide threats or hints should always be taken seriously; they are a very real sign of danger!

* **RECENT LOSSES.** Significant losses, major disappointments, and humiliation are misfortunes that adults learn to handle. However, for developing adolescents, these events can be devastating and can overtax their nascent coping skills. Examples of such losses include: death or divorce of parents, breaking up with a girlfriend or boyfriend, losing a close friend or friendship, being cut from an athletic team, receiving bad grades, failing to achieve a goal, etc. Any of these events can contribute to suicidal thinking, particularly if more than one loss is sustained in a short time period.

* **TRAUMATIC EVENTS.** In some instances, a crisis occurs that can plunge a teenager into instant despair and a suicidal act with no warning other than the event itself. These crises usually involve a sudden loss of self-esteem and a feeling that it is impossible to face tomorrow. Such a crisis may not necessarily appear serious to adults.

* **SUDDEN CHANGES IN PERSONALITY OR ATTITUDE.** The shy student who suddenly becomes a thrill-seeker or the outgoing person who becomes withdrawn, unfriendly, or disinterested may be giving signals that something is seriously wrong. Other changes include the classic signs of depression: sleep disturbances; lack of interest in the opposite sex; loss of appetite; loss of weight; neglect of school work; and long periods of solitude.

* **SUDDEN CHANGES IN APPEARANCE.** Students who suddenly no longer care about their appearance and cleanliness may be signaling that they have given up caring about life.

* **HEAVY USE OF ALCOHOL OR OTHER DRUGS.** Heavy alcohol and drug users are likely to be depressed youngsters who are seeking relief from their painful feelings. Initially, these chemicals may help relieve the depression and suicidal thinking. Eventually, they stop working and contribute to a greater depression and added feelings of worthlessness. In addition, heavy alcohol and/or drug usage can lead to reckless, impulsive behavior such as careless driving at high speeds.

* **MAKING FINAL ARRANGEMENTS.** Giving away prized personal belongings, such as a record collection, can be a particularly serious sign. In effect, the young person has made or is executing a will.

Since almost all teens engage in rapid mood swings, it is sometimes difficult to differentiate between normal adolescent behavior and behavior that indicates something is seriously wrong. If several signs are evidenced at once, and they last for a long period of time, action needs to be taken.

Helping a Suicidal Teenager

You can help your son or daughter if you LISTEN, BE HONEST, SHARE FEELINGS, and GET HELP.

* **LISTEN.**

The single most common complaint of teenagers concerning their parents is that they don't listen. Parents are so eager to solve a child's problem that they offer the solution before they really understand the problem or the feelings behind it.

Listening is a door-opener. When you listen carefully for the words and the feelings behind the words, you communicate two very important messages: you take the teenager's problems seriously and you care enough to want to help.

Unfortunately, the first step is often the most difficult. Asking, "What's wrong?" may be met with a shrug and a muttered, "Nothing." It's important not to give up at this point; teenagers have to be convinced that someone is really concerned and cares before they will talk about their feelings.

Questions that truly ask for information, seek clarification, or reach out for feelings are the most effective.

Once a teenager starts talking, parents should try to listen without making judgments or giving advice. The tone should be sympathetic and supportive.

Interested questions are helpful, but statements that begin, "Why didn't you ...?" are not helpful. these statements steer the conversation toward blame and shut down communication. Statements such as "You'll get over it soon" imply that you do not take their problems seriously.

Parents should be alert for words and phrases that suggest suicidal intent. Statements such as the following may be meant quite literally:

"I'd rather die than go back to school."

"I can't take it any more!"

"Everybody would be better off if I wasn't around."

The way to find out if a teenager is suicidal is to ask directly. Asking will not "put the idea in his or her head." Rather, it can be a relief to talk about it. In fact, NOT talking about his or her suicidal feelings robs a young person of the chance to reach out and get help.

If the answer to "Are you thinking about suicide?" is even a tentative "Yes," parents should find out how serious the intent is. This is called "assessing lethality." Ask the following questions:

"How would you do it?"

"When do you think you're going to do this?"

"Do you already have the means?" (gun, pills)

The more lethal the means envisioned and the more definite the time set, the greater the danger.

*** BE HONEST.**
If there is ever a time when honesty pays, it is in dealing with teenagers. Being trustworthy in a teenager's view means being able to keep a confidence. The mother who tells a funny story about her daughter's boyfriend has violated a confidence even though she has not promised not to tell. Teenagers who see their parents as trustworthy are more likely to talk to them about problems and feelings.

*** SHARE FEELINGS.**
Communication should be a two-way street. Teenagers are reluctant to discuss their failures, disappointments, or feelings of depression with parents who appear never to have failed or experienced doubt and depression.

Talking about your own feelings is not always easy; it's difficult to open up and express feelings such as:

> "I feel anxious when I see that you're unhappy and I don't know why."
>
> "Talking about suicide makes me feel uncomfortable."
>
> "I remember when I thought my whole world had collapsed and I believed that if I told my father he'd get angry with me."

When parents let their children see that they, too, are vulnerable and that they can talk about their failures, teenagers can see for themselves that "failures" do not mean the same thing as "being a failure."

*** GET HELP.**
There are times--and this is one of them--when love is not enough. When a teenager has threatened suicide and the time seems short, it is safest to enlist the help of a professional, such as a mental health worker or crisis center counselor, who specializes in helping adolescents. Asking for help is not an admission of failure as a parent.

The kind of help required depends on the seriousness of the situation, the nature of the child, and the feelings and preferences of the parent. But professional help should certainly be sought.

If the situation is explosive--an immediate emergency--other people should be brought into the situation as fast as possible: other members of the family, friends, a counselor, clergy, or the police.

In summary, the four important principles of suicide prevention are: <u>listen</u>, <u>be honest</u>, <u>share feelings</u>, and <u>get help</u>.

There's Reason for Optimism

While teenage suicide is a serious and disturbing problem, we can do something about it if we work together to identify those youngsters at risk and help them get help so that they may go on to lead happy and productive lives.

WHAT WOULD YOU DO?

Read the following four short case histories and decide what you would do as the parent of these teenagers.

Michael

You're busy gardening when your son's friend, Michael, drops by. You explain that your son is away for the day, but Michael hangs around, looking morose until you suggest he might like to help.

He weeds silently, sighing frequently. When you ask how things are going, Michael responds with a flood of complaints about school, his social life, his lack of success in athletics, and finally, his parents. You know that Michael's parents disagree about where he should go to college, but you're shocked at the bitter quarrels he relates.

Sure that you shouldn't be listening, you are about to shut him up when he asks, "Have you ever felt that you'd like to go to sleep and never wake up?"

* * *

Jenny

You are proud of your sixteen-year-old daughter, Jenny, an only child. She is a straight-A student. Although she doesn't date, you tell her that her striking appearance and good mind intimidate the boys and she'll come into her own in college. Jenny is responsible, organized, and tidier than you.

You were astonished when Jenny panicked over her driver's test and teased her when she didn't miss a single question. Now, an organization to which you belong is giving a formal dance for the teenaged children of members. Jenny has one week to ask a boy to escort her. She seems tense about this and has suggested not going to the dance. But you insist, sure that she'll have a good time and wanting your friends to see how lovely she is.

Today, Jenny arrived home late from school, looking tense and scared. She headed directly for her room. When you asked, she said she stopped at the drug store.

* * *

Gary

You don't know what to do about your seventeen-year-old son, Gary. As a child, he was timid but loving. Since junior high, however, he's been a problem. He doesn't read well, and school work is hard for him. In tight spots, he lies. He's been in trouble twice for stealing. You don't like his friends, and you're sure he's using marijuana.

You've tried everything. You've been tough, and you've been easy. You've talked and talked, but he doesn't appear to listen and he treats his home as if it were a hotel. Three months ago, you got so angry that you hit him.

Today, the school called and said that Gary was in a fight with another boy and pulled a knife. They're sending him home while they decide what to do.

* * *

Melissa

Melissa, your daughter, is fourteen, very sweet and shy, rather pretty, an average student. The last year has been hard on her. A childhood friend died in a bizarre accident that might have been intentional. Shortly afterwards, your aunt, who had always been fond of Melissa, died of a heart attack. In early July you moved to California. Melissa was lonely until school started, but then she seemed more cheerful and talked as if she were making friends.

Lately, Melissa has seemed different, quieter. She stays in her room most of the time and says she's studying. But she looks so sad, it hurts to see her. She doesn't eat much at dinner, claiming she ate a huge lunch at school. She hasn't even tried on the new sweater you bought her.

Yesterday, when a neighbor teasingly asked if she had a boyfriend, Melissa turned and ran in the house. You think it's just a phase she's going through, but it worries you.

* * *

COMMUNITY RESOURCES FOR TEENS IN CRISIS

You are not alone in helping a troubled, suicidal son or daughter. Here is a list of some of the resources available in our community:

*** SUICIDE PREVENTION CENTERS**
There are 30 suicide prevention and crisis centers in California. Most of these centers operate 24-hour telephone hotlines that parents and their children may call directly and confidentially. These hotlines are staffed by trained volunteers who can listen, respond, and refer callers to others for appropriate help.

_____

_____

_____

_____

*** CRISIS CENTERS**
A crisis center provides counseling services, often round the clock. Services may include outreach teams that can be dispatched at any time to a person in crisis.

_____

_____

_____

_____

*** COMMUNITY MENTAL HEALTH AGENCIES**
Other sources of help include mental health clinics, family service agencies, family physicians, or clergy.

_____

_____

_____

_____

* **EMERGENCY SERVICES**
If a suicide attempt is discovered in progress--if, for example, a young person is found unconscious next to a bottle of sleeping pills--emergency services (such as 911, suicide prevention center, or police) should be called at once. If possible, the youth should be brought to the emergency room of the nearest hospital.

* **SUPPORT GROUPS**.
Parents of an adolescent going through a crisis need all the support they can get for themselves as well. Families Anonymous is one example of a national support group that helps families in crisis. Others include:

PARENT AWARENESS MEETING EVALUATION FORM

Your evaluation of this meeting assists us in determining the effectiveness of this portion of the Youth Suicide Prevention School Program and helps us make any necessary changes in future meetings with parents.

1. Please place a checkmark BEFORE the phrase if you feel that you were adequately informed about the subject before the meeting. Place a checkmark AFTER the phrase if you learned about the subject during the meeting.

Knew Before		Learned
___	The magnitude of the teen suicide problem.	___
___	Why suicide prevention is taught in school.	___
___	The goals of the school program.	___
___	Your school's suicide policy.	___
___	To whom suicidal teenagers will talk.	___
___	How to recognize a suicidal teenager.	___
___	How to help a suicidal teenager.	___
___	How to recognize depression.	___
___	Sources of help in your community.	___

2. Do you feel more confident about your ability to recognize a suicidal teenager than you did before the meeting?

___ Yes

___ No, because: _____

_____

3. Do you feel more confident about your ability to help a suicidal teenager than you did before the meeting?

___ Yes

___ No, because: _____

_____

4. Were your questions adequately answered?

___ Yes

___ No, I'd like to know more about: _____

_____

_____

_____

_____

5. What part of the meeting did you find:

Most interesting?

Least interesting?

Most helpful?

Least helpful?

We appreciate your coming to the meeting, and we thank you for giving us your comments on this evaluation.

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INDEX

A

abuse, and suicide risk, 18
activities for the parent meeting, 5
agenda for the parent meeting, 1, 16
alcohol or drug abuse, 18, 20
anger, and parental stress, 8
announcing the parent meeting, 4, 15
appearance, changes in as a warning sign, 19
attempted suicide, 17
   statistics, 7
audiovisual aids for the parent meeting, 3, 12

B

blame, and parental stress, 9

C

changes in appearance, as warning sign, 20
changes in behavior, as warning sign, 19
child abuse, molestation, and neglect, and suicide risk, 18
communicating with a suicidal youth, 22
community resources, 3, 11, 22, 5
confidentiality, see secrecy
curriculum
   description for parents, 5
   what it is and is not, 6

D

denial, and parental stress, 8
depression, and suicide risk, 17
discussion: What Would You Do?, 12, 23
drug or alcohol abuse, as warning sign, 18, 20

E

evaluation of the parent meeting, 11, 29
expanding the meeting activities, 12

F

fears about suicide, 5
feelings about suicide, 20, 22
film, see audiovisual aids
final arrangements, as warning sign, 20

236

G

gays and suicide risk, 18
getting help for a suicidal youth, 22
getting parents to the meeting, 4
goals of the parent meeting, 1
guilt, and parental stress, 8

H

handouts for parents, 4, 16, 17, 23, 25
helping a suicidal student, 11, 20
hints of suicide threat, 21
homosexual, and suicide risk, 18
honesty with a suicidal youth, 21
hopeful signs and trends, 7

I

in-service training for staff members, 6
introduction for a parent meeting, 5
involving parents in the activities, 3

L

leader of the parent meeting, 2
learning disabilities, and suicide risk, 18
lesbians and suicide risk, 18
lethality, 21
letter of invitation to parents, 15
listening to a suicidal student, 20
loners, and suicide risk, 18
losses, recent as warning sign, 19

M

materials for the parent meeting, 2
meeting agenda, 16
molestation, and suicide risk, 18

N

neglect, and suicide risk, 18
nonjudgmental listening, 21

O

overview
   of parent meeting, 1
   of suicide prevention program, 5

P

parents
   evaluation of the meeting, 11, 29
   getting them to the meeting, 4
   relieving stress, 9
   stress due to teens, 8
pattern of warning signs, 10, 20
perfectionist, and suicide risk, 18
policy and procedures, 11
preparation for the parent meeting, 2
prevention, see suicide prevention
previous suicide attempts, 17
principal's role
   in a parent meeting, 2
   in policy and procedures, 11
problem of youth suicide, 6, 17
PTA, and the parent meeting, 4
public relations officer, 4

Q

questions to ask a suicidal youth, 21

R

resource materials, 13
risk groups, 9, 17
risk taking, and suicide risk, 18

S

secrecy, 7
self-esteem, and suicide risk, 17
sharing feelings with a suicidal youth, 22
statistics on youth suicide, 6, 7, 17
stresses on parents, 8
   relieving parental stress, 9
student involvement in parent meeting, 4
sudden changes, as warning sign, 19
suicidal thoughts, 9
suicide warning signs, 10

suicide prevention
   centers, community resources, 25
   policy and procedures, 2, 11
   program, 5
suicide risk
   recognizing groups at risk, 9, 17
suicide threats, 19, 21
   and assessing lethality, 21
supplementary meeting activities, 12

T

talking about suicide, 6
teen suicide, see youth suicide
teenagers in trouble, and suicide risk, 18
traumatic events, as warning sign, 19

V

videotape, see audiovisual aids

W

warning signs, 10, 19
will, see final arrangements

Y

youth suicide
   helping suicidal young people, 11, 20
   problem of, 6, 17
   risk groups, 9, 17
   statistics, 6, 7, 17
   warning signs, 10, 19

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